July 8, 2005

Wanda Seiler, Director
Division of Developmental Disabilities
Department of Human Services
Hillsview Properties Plaza, East Highway 34
c/o 500 East Capital
Pierre, South Dakota 57501-5170

RE: South Dakota's annual report

Dear Wanda,

We are pleased to present you with the annual report reflecting the results of the
Accreditation reviews conducted in South Dakota from 2004 - 2005. The report compares
results by age and size of living arrangements. This report is being sent to you electronically
and will be followed by a hard copy via the postal service.

Please review this document and contact me for questions or revisions that will best meet
your needs.

As we often tell you, we value our partnership with your office and the providers of South
Dakota. We believe that our work with you is important and our goal is to provide you with
valuable assessments of the services provided by the organizations across the state.

Sincerely,

Cynthia Shima Kauffman
Vice President
Business Management

July 2004 – June 2005 Personal Outcome Measures
Performance Indicators Report

State of South Dakota
Department of Human Services
Division of Developmental Disabilities

Prepared by:
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June 30, 2005

Executive Summary

Between July 1, 2004 and June 30, 2005, six provider organizations contracting with the South Dakota Department of Human Services, Division of Developmental Disabilities, participated in accreditation reviews using The Council on Quality and Leadership's (CQL) *Personal Outcomes Measures 2000 Edition*. The attached report is a summary of data collection and analysis from the accreditation reviews of these six organizations.

This is the second year of data collection and analysis for organizations in South Dakota. Between May 1, 2003 and May 31, 2004 eleven provider organizations in South Dakota participated in accreditation reviews. Three of the organizations reviewed during 2003-2004 had re-accreditation reviews during 2004-2005. Portions of this report compare and contrast findings from 2003-2004 and 2004-2005.

The state of South Dakota funds and supports its providers to use CQL's accreditation as a measure of the quality of services provided. This approach entails a careful analysis of three measures of success:
- *Personal Outcomes* interviews with people from a representative sample of those served by the organization;
- Review of the agency's application of basic assurances covering health, safety and welfare and fiscal and legal accountability; and,
- Evaluation of the agency's implementation of organizational action strategies, the Organizing Principles, arranged in the categories of leadership, systems and quality management and planning.

To assure consistency, CQL assigned three Quality Enhancement Specialists to this project. One of these three individuals has been part of each review.

Two sets of demographics have are identified for analysis in this report. Age range is the first category in the analysis. The sample has been analyzed according to results found in four age ranges: 17-22 years, 23-42 years, 43-65 years and 65+ years. Of the 47 people in the interview sample, no families of children under the age of six or youth between the ages of 7-16 years were interviewed.

The second demographic identified for analysis is size of living arrangement. The sample has been analyzed according to results found for people living in four living arrangements: living with family, living in a home having 1 to 3 people, living in a home having 4 to 6 people, and living in a home with 7 or more people.

The results of data analysis show a sizeable increase from 2003-2004 to 2004-2005 in the percentages of people having certain outcomes. Most notable is an increase of over 25 percent in the outcome of people choose personal goals. This with an accompanying 18 percent increase in the supports given to this outcome indicate that organizations are seeking information about people's dreams and needs and are responding accordingly. For South Dakota organizations, this outcome was above national averages for 2003-

2004. Present results place South Dakota organizations well above the averages seen by accredited organizations across the United States.

The most notable decrease is the outcome of people are free from abuse and neglect. A decrease of over 28 percent is seen when comparing 2004-2005 figures to those of 2003-2004. Explanations for this are found in the report; most notable among them the fact that a number of people are experiencing distress from previous incidences of abuse.

Trends indicate that several system-wide commendations and recommendations exist. The commendations should be analyzed and serve as starting points for other areas that should be stronger. The recommendations should be analyzed and addressed with an action plan:

Commendations:

- o Organizations are using both formal and informal measures to determine people's satisfaction with services and life.
- o People interviewed have control over their daily routines and are strongly supported in this.
- o People maintain "ownership" of personal information and decide whom information should be shared with.
- o Organizations provide excellent opportunities for people to understand and exercise control over their personal finances.

Recommendations:

- o Help people know of and access other available community options.
- o Number and type of emergency evacuations should be discussed.
- o Challenge all organizations to creatively plan beyond available or known jobs and to focus on careers and life's work for people.
- o Assure that written consents and releases are clear, specific and reasonably time-limited.
- o Increase the knowledge and challenge organization leadership, staffs, and families to understand social roles and connections to other people (friends) and actively support people to take on reciprocal roles. Increase the education and support for safety for those living on their own or with families.
- o Assess all situations where guardianship is in effect.
- o Increase organization knowledge and practice of maintaining data and information on costs, personnel, capital budget, and support coordination that is person-focused.
- o Explore ways to reduce the number of people for whom the organization serves as representative payee.
- o Reexamine services where sub-minimum wages are paid to workers.

Introduction

Between July 1, 2004 and June 30, 2005, six provider organizations contracting with the South Dakota Department of Human Services, Division of Developmental Disabilities, participated in accreditation reviews using The Council on Quality and Leadership's (CQL) *Personal Outcomes Measures 2000 Edition*. CQL's accreditation review process relies heavily on *Personal Outcome Measures* interviews with people who receive services. This instrument assesses the quality of life experienced by the people who are interviewed and, combined with assessments of basic assurances and organizing principles, determine the quality of services delivered by organizations.   The accreditation review is also used to determine the effectiveness of supports provided through Developmental Disabilities Services that result in personal outcomes for the citizens of South Dakota.

Accreditation reviews have been conducted at the following provider organizations during the 2004-2005 South Dakota fiscal year. (Table 1.)

Table 1. Participant Organizations and Results

Organization	2004-2005 Review Dates	Results
Sioux Vocational Services, Inc. Sioux Falls	August 9-13, 2004	2-years with conditions
Adjustment Training Center, Inc. Aberdeen	March 28-April 1, 2005	2-years
ADVANCE Brookings	April 5-8, 2005	3-years with distinction
Center for Independence Huron	May 16-20, 2005	2-years
Northern Hills Training Center Spearfish	May 17-20, 2005	2-years with conditions
SESDAC Vermillion	June 14-17, 2005	2-years

To assure consistency, CQL has assigned three Quality Enhancement Specialists to this project. One of these three individuals has been part of each review.

This is the second year of data collection and analysis for organizations in South Dakota. Between May 1, 2003 and May 31, 2004 eleven provider organizations in South Dakota participated in accreditation reviews. Three of the organizations reviewed during 2003-2004 had reaccreditation reviews during 2004-2005. These three organizations are Center for Independence, Northern Hills Training Center, and SESDAC.

The following information is included in this report:

o The methodology of the accreditation review process.
o Quantitative and qualitative analysis of the *Personal Outcome Measures* according to the age ranges and living arrangements of interview participants.
o Results summary for the Organizational Assurances of Health, Safety and Welfare and Fiscal and Legal Accountability.
o Analysis of most promising practices as assessed through the Organizing Principles.
o Comparisons of the results of each of these areas between reviews completed in 2003-2004 and 2004-2005.
o Comparisons of the *Personal Outcome Measures* assessments with national averages compiled by CQL from 5542 interviews completed between 1993 and 2005.

Methodology

Sample Selection Specific to the Data Collection Process

The CQL Lead Quality Enhancement Specialist chooses a representative sample of the people supported in each organization as interview participants. In selecting each sample group, there is an attempt to represent the characteristics of the population supported by an organization. Thus, the sample is randomly selected from a list of people who make up a balance of characteristics of gender, age, disability, communication abilities, type of services received, and geographic location.

Forty-seven people receiving services have participated directly in the review processes. Of those interviewed during the review processes, 24 are men and 23 are women. Those interviewed range in age from 18 to 82 years. Roughly 90% of those interviewed have been given a primary diagnosis of intellectual disability. Other diagnoses represented in the sample groups are traumatic brain injury, autism, cerebral palsy and depression.

The *Personal Outcome Measures* assessment process involves face-to-face interviews with people receiving services through the Division of Developmental Disabilities. Additionally, follow-up interviews are conducted with managers and coordinators to validate and add to information gained in the initial interview. A select number of personal records are also reviewed. Once the information gathering process is complete, the compiled information is used to determine outcomes and supports in people's lives.

Interview Process Using the *Personal Outcome Measures*

The *Personal Outcome Measures,* as individually defined by the users of services, are shown to be strong measures of quality. The *Measures* provide information that helps to identify where services are working well regardless of where resources have been allocated. The *Personal Outcome Measures* are unique in the measurement of quality in services for people, as the focus of measurement is on the results of services rather than the process for delivering services. The 25 *Personal Outcome Measures* assess the impact of services on the quality of life for the people receiving those services. The outcomes

present in people's lives determine the quality of life for the person. The number and types of supports present determines the degree to which the person's quality of life is supported by the organization.

Demographics identified for analysis:

Age range is the first category in the analysis. Of the 47 people in the interview sample, no families of children under the age of six or youth between the ages of 7-16 years were interviewed. Seven young adults between the ages of 17-22 years, 25 people between the ages of 23-42 years, 12 people between the ages of 43-65 years, and 3 people who were 65 years and over were interviewed. (See Table 2.)

Table 2. Age Ranges of Participants

Age Range	Number in Sample	% of Sample
0-6 years	0	0
7-16 years	0	0
17-22 years	7	15%
23-42 years	25	53%
43-65 years	12	26%
65 + years	3	6%

For 2003-2004, there were no families interviewed with children under the age of six. However, two families with children between the ages of 7 and 16 were interviewed in 2003-2004. One young adult between the ages of 17-22, fourteen people between the ages of 23-42, fifteen people aged 43-65, and three people over the age of 65 were also interviewed.

Size of living arrangement is the second category to be analyzed. Of the 47 people interviewed, 6 people lived with family, 24 people either lived alone or with 1 to 2 housemates, 5 people lived in settings with 4 to 6 in the household, and 12 people were living in homes shared with 7 or more people.

Table 3. Size of Living Arrangement

Size of Living Arrangement	Number in Sample	% of Sample
Living with Family	6	13%
1 to 3 people	23	49%

4 to 6 people	6	13%
7 or more people	12	25%

These numbers are a slight departure from the living arrangements of the sample group from 2003-2004. In the earlier sample, 3 percent of the people were living with family, 69 percent lived alone or with 1 to 2 others, 14 percent lived in homes of 4 to 6 in the household, and 11 percent lived in households of 7 or more people.

HCBW Requirements

Home and Community Based Waiver (HCBW) requirements are, in part, measured by various parts of the CQL accreditation review process. Some of the Personal Outcome Measures speak to compliance with HBCW requirements, included among them People choose Personal Goals, People Perform Different Social Roles, People are Connected to Natural Support Systems, People Exercise Rights, People are Free from Abuse and Neglect, and People Experience Continuity and Security. Among other things, these outcomes correlate to the choices that participants are afforded, the supports given to the identification and prevention of abuse, neglect and exploitation, the participants' exercise of rights and responsibilities, whether people are afforded due process, and satisfaction with various service offerings

Organizing Principles also give some gauge of the involvement that users of services have in the service delivery system. Leadership principles speak to the assessment of needs and desires and the role a person takes in managing his or her own life. Quality Management and Planning principles require an analysis of input from people receiving services as a means of enhancing the quality of the organization.

The following briefly summarizes information found in this report that speaks to a variety of HCBW requirements:

- **People Choose Personal Goals:** For 2004-2005, 77 percent of the people interviewed have this outcome in their lives. Sixty eight percent of the people are supported to set goals and decide their own dreams and wishes. This is an increase from 2003-2004 when 51 percent achieved this outcome and 50 percent were supported to choose personal goals. Data from both years are well above the national outcome and support averages of 46 percent and 47 percent. This shows that a high percentage of those interviewed are asked what they wanted to achieve. The data also shows that more people are supported to plan for and accomplish their chosen goals. Organizing principles about the exercise of leadership in one's own life are consistent with these data. Table 6 shows that the organizing principle L2, *People served exercise leadership through choice and self determination*, and L3, *The organization emphasizes the values of listening, responsiveness, respect, and support for desired outcomes*, are in the implementation or results levels for every organization reviewed

in 2004-2005. This shows that in the organizations reviewed in 2004-2005, people exert control over the services and supports they receive and that service users participate in the design and operation of the service system. It also reflects the importance to organizations of listening to, and learning from, all persons involved in the service delivery system.

- **People Perform Different Social Roles:** For 2004-2005, 26 percent of those interviewed have this personal outcome and 34 percent are supported to achieve or keep the outcome. During 2003-2004, 47 percent of those interviewed had social roles and 52 percent had the support to achieve the outcome. 2005 national averages for this outcome and support are at 31 percent and 31 percent.

- **People are Connected to Natural Support Networks:** 2005 national averages for this outcome show that 64 percent of those interviewed have this outcome and 78 percent are supported in achieving this outcome. The South Dakota averages for 2003-2004 show that 61 percent of those interviewed during accreditation reviews had the outcome and 79 percent had the support needed to achieve the outcome. Percentages for 2004-2005 are slightly higher than for the previous year. Sixty-six percent have the outcome and 87 percent have the needed supports. The percentage of people who achieve this outcome in South Dakota is similar to what is seen among other accredited organizations across the United States. Table 6 shows that five of six organizations reviewed had the organizing principle S10, *Organizational systems promote natural support relationships*, at the results level. The data supports the explanation that organizations reviewed during 2004-2005 are concerned with developing, nurturing and maintaining important family, friendship and other social ties in the lives of people receiving services.

- **People Exercise Rights:** Data for 2003-2004 and 2004-2005 show outcome and support percentages well above those of other accredited organizations in the United States. The national averages show 42 percent of people interviewed have this outcome, and 39 percent have the support to achieve the outcome. In 2003-2004, 69 percent of people served by South Dakota organizations had the outcome present, and 64 percent had the needed supports. In 2004-2005, the numbers increased to 74 percent and 77 percent. There is further evidence showing that the organizations reviewed are concerned with supporting people to understand and fully exercise rights. One hundred percent of the reviewed South Dakota organizations are effectively implementing the organizational assurance of "The organization protects the rights of people". (See Table 4. Organizational Assurances of Health, Safety and Welfare) this indicates that organizations follow policy and procedures that promote people's legal rights and assist people to exercise those rights that are most closely connected with their priority outcomes.

- **People are Free From Abuse and Neglect:** There is a noticeable decrease in the percentage of people achieving this outcome in 2004-2005 compared to 2003-2004. In 2003-2004, 94 percent of those interviewed had the outcome present, while in 2004-2005, 66 percent have the outcome, showing a decrease of 29 percent. A

smaller decrease is found in supports for this outcome, with 97 percent of people interviewed in 2003-2004 having the outcome and 85 percent of people interviewed in 2004-2005 having the outcome. The 2003-2004 figures are above the national averages of 86 and 89 percent, while the 2004-2005 South Dakota averages fall below the national averages. Support for this is seen in the fact that one of the six organizations reviewed in 2004-2005 does not sufficiently exercise the organizational assurance of "The organization implements procedures in all instances of alleged abuse and neglect." (Graph 13.1 and Graph 14.1). Fewer people have these outcomes in the 17-22 age groups (many of whom live with family), in living situations of less than three people, and with those that live with family. Although there is adequate attention to abuse and neglect in the older adult population and for those living in larger groups, there is less focus on older children, young adults, and people living more independently.

- **People Experience Continuity and Security:** The data for 2004-2005 show an increase in the organizational supports for this outcome. In 2003-2004, the percentage of people supported to have this outcome was 72 percent. In 2004-2005, supports have increased to 89 percent. A smaller increase in the outcome presence is also seen, from 83 percent in 2003-2004 to 87 percent in 2004-2005. These relatively high numbers show that organizations are seeing that people have a say in the changes that occur in their lives and that unplanned changes are kept to a minimum. This also shows that organizations try to minimize staff turnover.

- **Other Participant Involvement in the Service Delivery System:** Data from 2004-2005 show other indications of the involvement of people in the service delivery system. Organizing Principle L5, *The organization appoints service users to the board of directors* is found to be at the results level for two organizations visited in 2004-2005, with three other organizations having found ways to implement this principle. This shows that organizations are utilizing this method to assure that service users and their families have the opportunity to exercise leadership through participation on the governing body of the organization and in other responsible roles within the organization. Additionally, The Quality Management and Planning Principle Q1, *The organization has a process for eliciting and analyzing feed back on services and supports from service users, employees and providers,* was found to be at the implementation level or above for all six organizations reviewed in 2004-2005, showing that all organizations involved have implemented strategies to elicit information about services from a variety of people, including those receiving services. Clearly, organizations are implementing strategies in support of the HCBW requirements requiring participant input and involvement in the system.

Personal Outcome Measures

IDENTITY gives us a sense of how service users express themselves as unique individuals. This is revealed through the things they want, the major life choices they make, the people they are close to, and their sense of satisfaction.

10

Age Range

Outcomes and supports in the area of identity are strongest for people over the age of 65. The data show that the outcomes for people between the ages of 17 and 22 are above 50 percent for all outcomes except choosing where to work. All age groups have intimate relationships, although only 40% of those between the ages of 23 and 42 had close personal relationships that they were satisfied with.

Comparisons with 2003-2004 data suggest that there are increases for all Identity outcomes and for all age groups. The greatest increases are for those over the age of 65, although this is small sample size (3). The age group 17-23 shows an increase for the outcome of choosing goals; however, other outcomes show little change for this age group. The 43-65 age group shows increases in all outcomes except choosing where to work and being satisfied with personal life situations. 2003-2004 and 2004-2005 data show that people in all age range categories have a high number of outcomes and supports present for satisfaction with services and satisfaction with personal life situations.

Graph 1.1 Percentage of outcomes achieved by various age groups - Identity
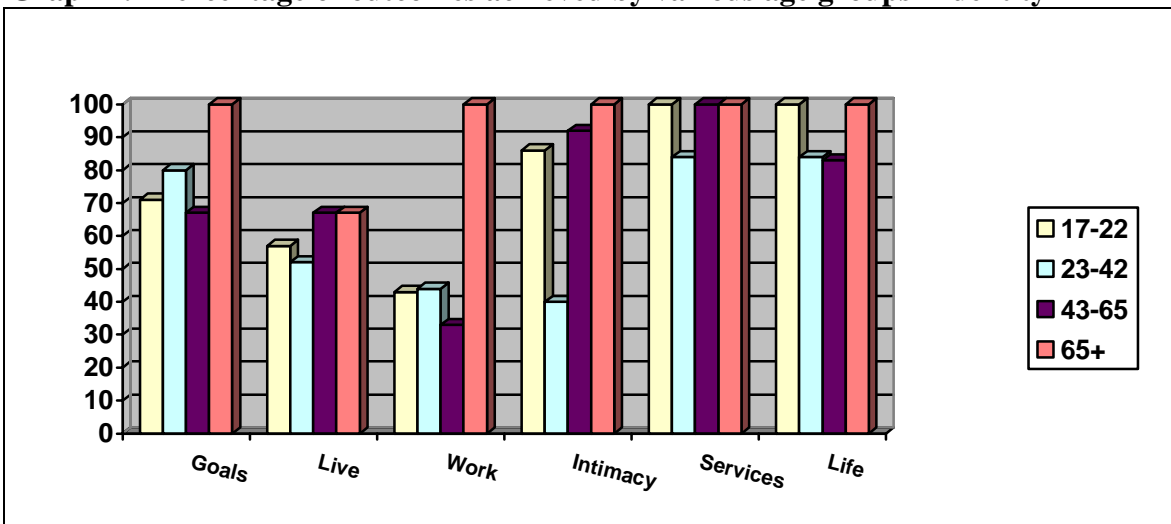
Graph 1.2 Percentage of supports achieved by various age groups - Identity
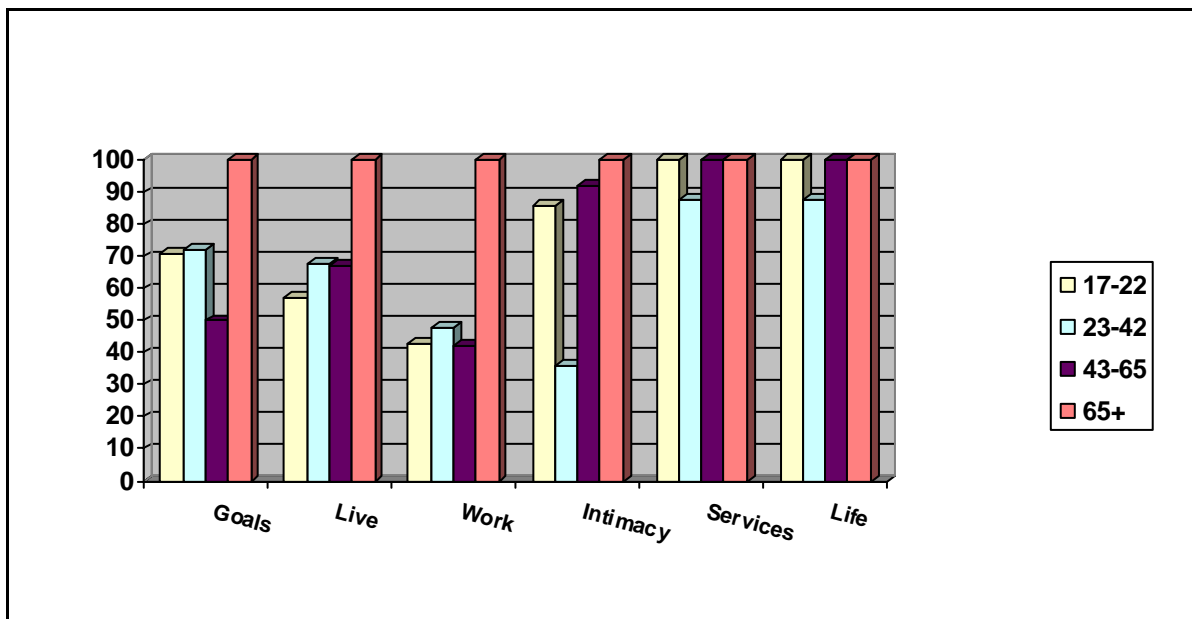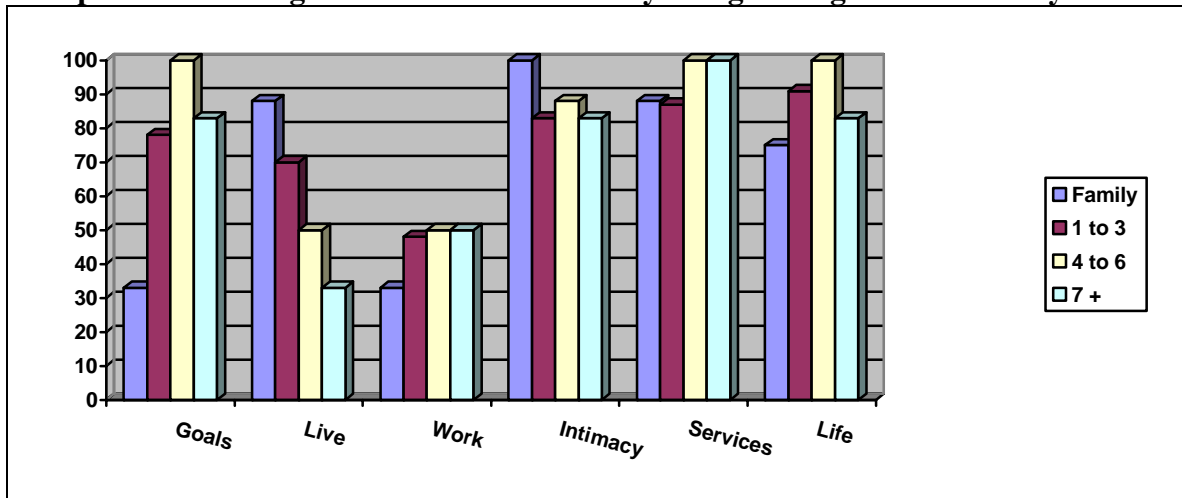

Size of Living Arrangement

The 2004-2005 data shows that people living in arrangements of 4 to 6 people have a high level of success in achieving the outcomes and supports for choosing personal goals. Unlike data from 2003-2004, the 2004-2005 data shows that there was no correlation between size of living arrangement and choice of personal goals. However, the 2004-2005 data shows a clear, connection between the size of a person's living situation and the outcome of choosing where one lives. As the number of housemates increase, outcomes and supports of choosing where and with whom one lives decreases. The data suggest that it is a major challenge for organizations to ensure support for choosing where and with whom to live living in arrangements of seven or more. The data also shows that choosing where one works is a challenge regardless of the person's living situation.

Analysis of the support data shows that there is less support for all outcomes as the living arrangement size increases from a living arrangement of 4 to 6 persons to one of more than 7 persons. The difference in supports is especially clear for the outcomes of choosing where and with whom one lives, choosing where one works and having an intimate relationship. Satisfaction levels are high for people regardless of the size of the living arrangement.

Comparison of 2004-2005 data with that gathered in 2003-2004 shows a continuation of some of the same outcome and support issues shown a year ago. There is an increase in outcomes and supports the area of identity, and there continues to be some correlation between the size of a person's living arrangement and the presence of the outcome and support for choosing where and with whom to live, where to work, and having an intimate relationship.

Graph 2.1 Percentage of outcomes achieved by living arrangement - Identity

Graph 2.2 Percentage of supports achieved by living arrangement - Identity
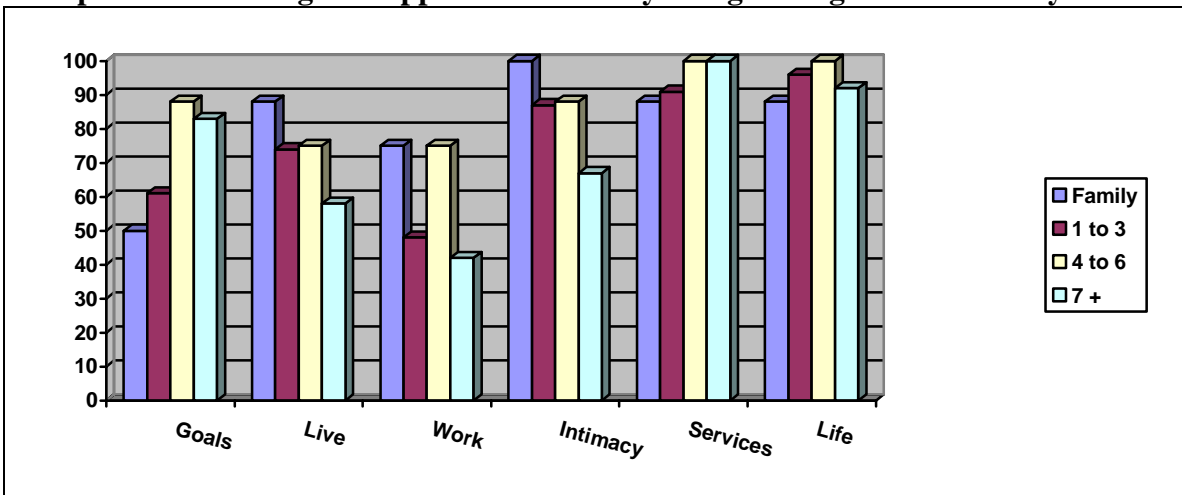
Strengths and Commendations:

- Organizations are paying increased attention to the personal dreams and goals of people receiving services.
- Many people interviewed are satisfied with their services and personal lives. Organizations are using formal and informal strategies to determine people's satisfaction with services and life.
- Organizations understand and support people's desire and need for intimacy. Most people interviewed identify at least one person with whom they enjoy either an emotional and physical closeness.

Recommendations and Opportunities:

- Organizations should take on the challenge of creatively planning beyond available or known jobs and to focus on careers and life's work for people. This will require that organizations are supported through the Division for Developmental Disabilities to

move toward assisting people to find jobs consistent with interests and skills and will require real training for real work.

- All organizational staff needs to determine how to more strongly support the choice of living situations for people. This is especially true for those staff members working with people living in large group situations. Organizations need to find ways to present a full array of living options to people in such ways that people understand the options available and can then choose where and with whom to live. Organizations will need support in working together with other interested organizations and systems outside the developmental disability field to address issues of housing.

- Although there was some improvement in organizational responses to the choices of personal goals (dreams), most of the organizations can continue to improve in learning about hopes and dreams and then supporting people to achieve their chosen dreams. Organizations continue to face the challenge of looking beyond what the organization provides and bridging to services and service providers in the community. It will be a further challenge for staff to think beyond the functional goals often enumerated in yearly personal plans and support people to move toward longer term hopes and dreams. Division of Developmental Disabilities support will be crucial in this effort. Organizations will need the encouragement and support to focus on people's life dreams and not just the attainment of functional goals.

AUTONOMY is the way we define and control our surroundings and the events that are closest to us; our physical environment, daily schedule, needs for privacy, and control over privileged and personal information. Autonomy is about a person's control over life events.

Age Range
Outcomes and supports in the area of Autonomy are strong for all people interviewed during reviews in 2004-2005. The data show that the outcomes for people between the ages of 17 and 22 are above 70 percent for all outcomes. Almost as strong in all outcomes are the age groups of 23-42 and 43-64. The age group of people over the age of 65, while not having the same number of outcomes seen in the other age groups, still shows strength in this area, with all outcomes at least at the 65 percent level.

Supports for all outcomes in this area are strong, although supports appear to be weakest for the age group of people over the age of 65. Although those over the age of 65 appear to be strongly supported for the outcome of having time space and opportunity for privacy, supports for choice of daily routine, sharing personal information and use of environments are weaker for this age group than for any of the other groups assessed.

Comparisons with 2003-2004 data indicate that there is continued strength for the outcomes of choosing daily routine and having time, space, and opportunity for privacy. Although there is a larger percentage of outcomes in 2003-2004 for choosing daily routine and having time space and opportunity for privacy, the small sample size (3) makes this difference less significant. Both 2003-2004 and 2004-2005 data show that

people in all age range categories have a high rate of outcomes and supports present for choosing daily routine and having time, space and opportunity for privacy.

Graph 3.1 Percentage of outcomes achieved by various age groups - Autonomy
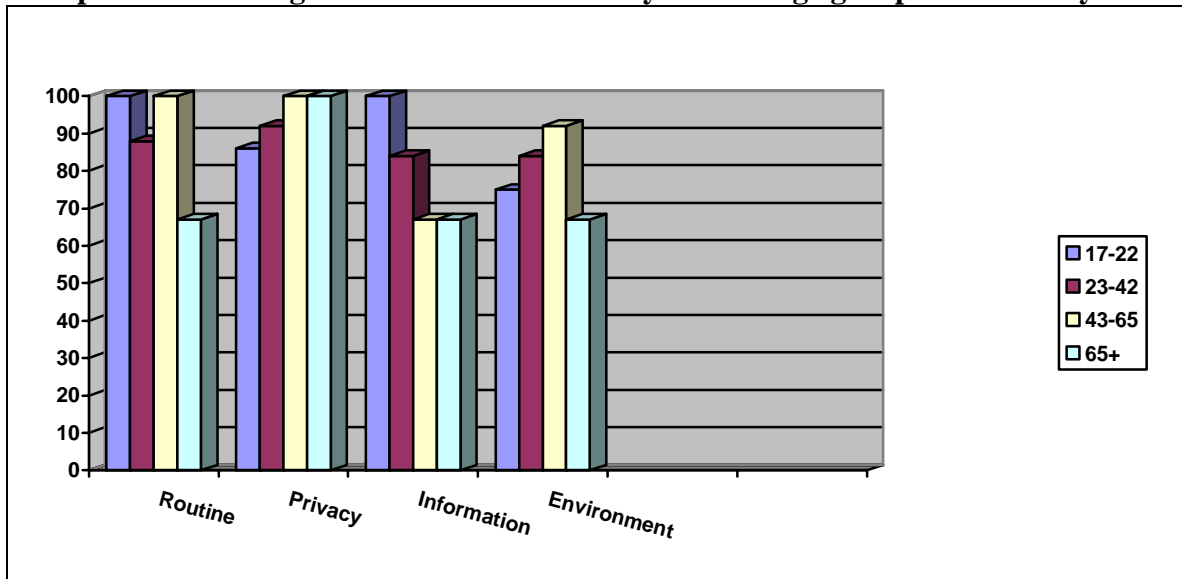
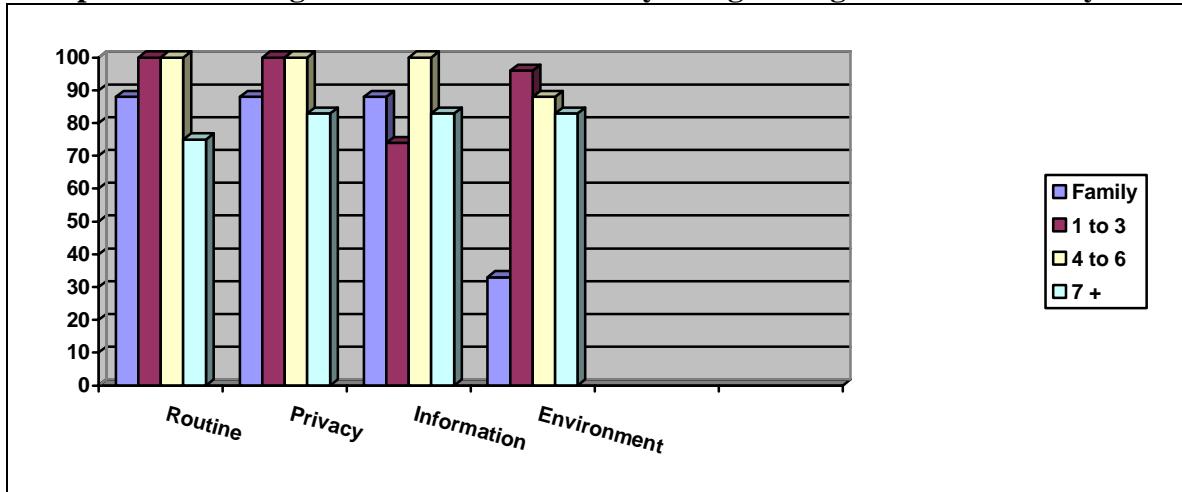**Graph 3.2 Percentage of supports achieved by various age groups - Autonomy**
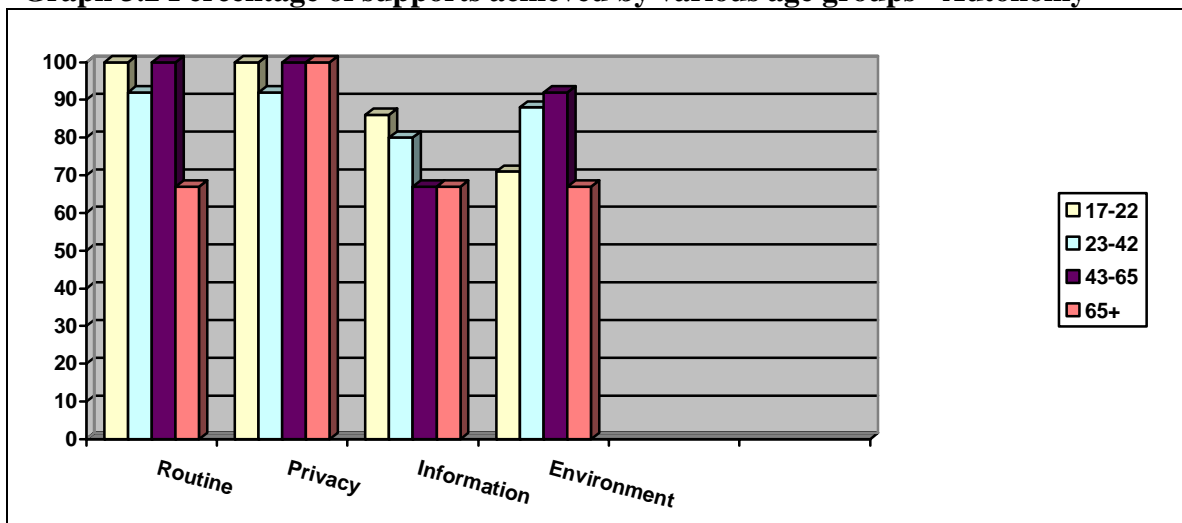
Size of Living Arrangement

Outcomes and supports for the area of Autonomy are strongest for people living in a household of 4 to 6 people. People in reviews completed during 2004-2005 are determined to have the outcomes of choosing daily routine, having time, space and opportunity for privacy and sharing personal information. One hundred percent of those in households of 1 to 3 people were also determined to have the outcomes of choosing daily routine and having time, space and opportunity for privacy.

Comparison with figures from 2003-2004 shows a consistent strength of supporting people to choose their daily routines. Like data from 2003-2004, the more recent data is

indicative of lesser support for people in large group living facilities. Although support for people in all living situations appears strong, there is less support for those in homes with more than 7 people for the outcomes of having privacy and sharing personal information. Interestingly, support for use of environments is also less strong in homes of people living with their own families. This may be due to a tendency for family members to be protective or caring to the extent that people living in their own homes are not as involved in caring for themselves or using the environment by doing such things as cleaning, doing laundry, cooking or having a key for access to their own home.

Graph 4.1 Percentage of outcomes achieved by living arrangement - Autonomy

Graph 4.2 Percentage of supports achieved by living arrangement - Autonomy
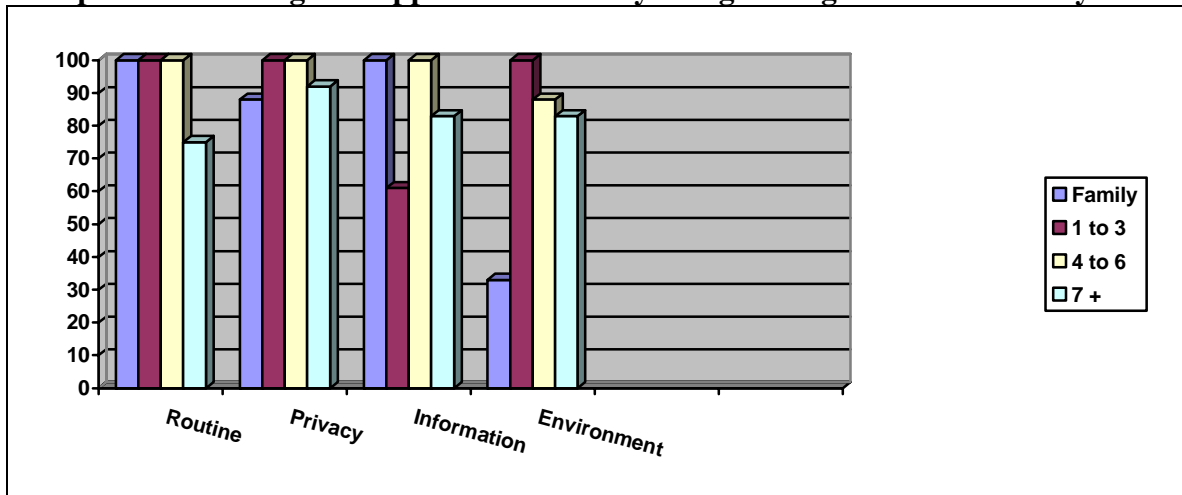
Strengths and Commendations:
- This is a strong area for all organizations reviewed in 2004-2005.
- People interviewed have control over their daily routines and are strongly supported in this.
- People maintain "ownership" of personal information and decide whom information should be shared with.

- People have the time, space and opportunity for privacy they desired.
- Most people interviewed have free access to all the environments they frequent. Not only is access available to residential and day or work programs, but transportation is provided to assure access to the community.

Recommendations and Opportunities:
- Assure that people have access to and control over information specific to them. Share no information, either in writing or verbally, about someone without their specific permission. This will require that the Division of Developmental Disabilities encourages organizations and monitors how they share information that is kept about people.
- Assure that written consents and releases are clear, specific and reasonably time-limited. Avoid vague or "blanket" release forms. This can be clearly spelled out and monitored by the Division of Developmental Disabilities.
- In all instances, but particularly when people are living at home with families, assure that they are supported to have the skills needed to use household appliances. Address instances in which people are discouraged from using appliances because of safety issues or kept from having personal keys for doors or lock boxes. Systems policies should address this need and organizations need to be supported to develop cooperative ways of working with families and people living at home.

AFFILIATION describes our connections to other people. Each of us chooses who we want to spend time with, where and when we get together, and what we do. These relationships add dimension to our lives. They expand our experiences and enrich how other people view and interact with us. The community is the place where we meet and interact with friends, families, neighbors, co-workers, peers and other people. These opportunities and experiences give us a sense of belonging and connection.

Age Range

Affiliation is the area in greatest need of enhancement for every age group except those 65 years or older. The 17-22 year age group had fewer outcomes than people in other age groups. The relationship between supports and outcomes is clearly seen in the results for this area: the three outcomes with the strongest supports, participate in the community, interact with others, and people are respected, are also the outcomes that have the strongest presence. People over the age of 65 have the highest percentage of outcomes in this area. Most notable is the fact that, while the outcome of people having social roles is most in need of enhancement, all people in the age group of 65 and over had this outcome in place. The outcome of living in integrated environments is the least achieved outcome in all the age groups.

Outcomes and supports in the area of Affiliation for 2004-2005 follow the same general pattern as 2003-2004. During both review years, there is strength in the outcomes of participation in the community, interacting with others, and being respected. There is a similar pattern in supports, with the strongest supports being for the outcomes of participation, interaction and respect. Support for social roles is low in both report years.

Graph 5.1 Percentage of outcomes achieved by various age groups - Affiliation
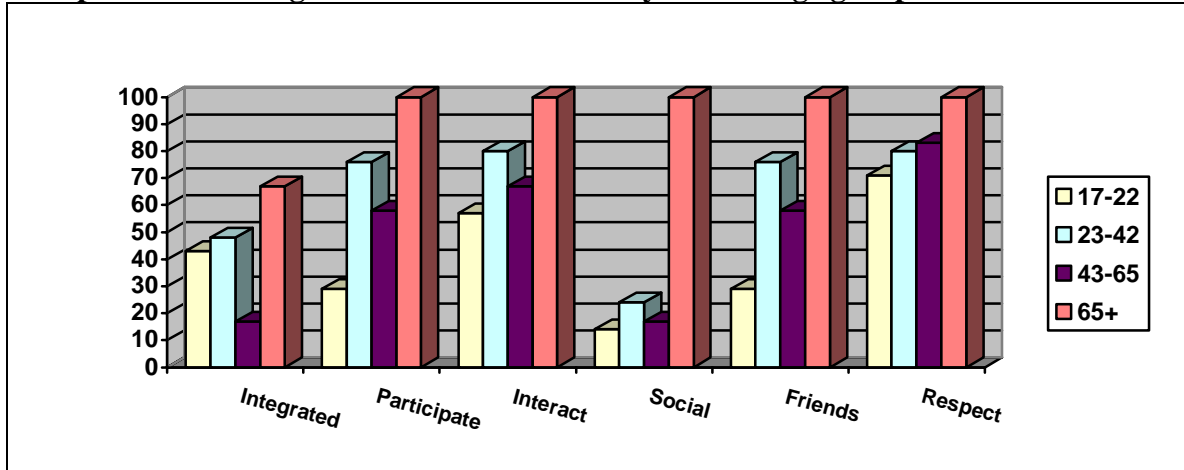
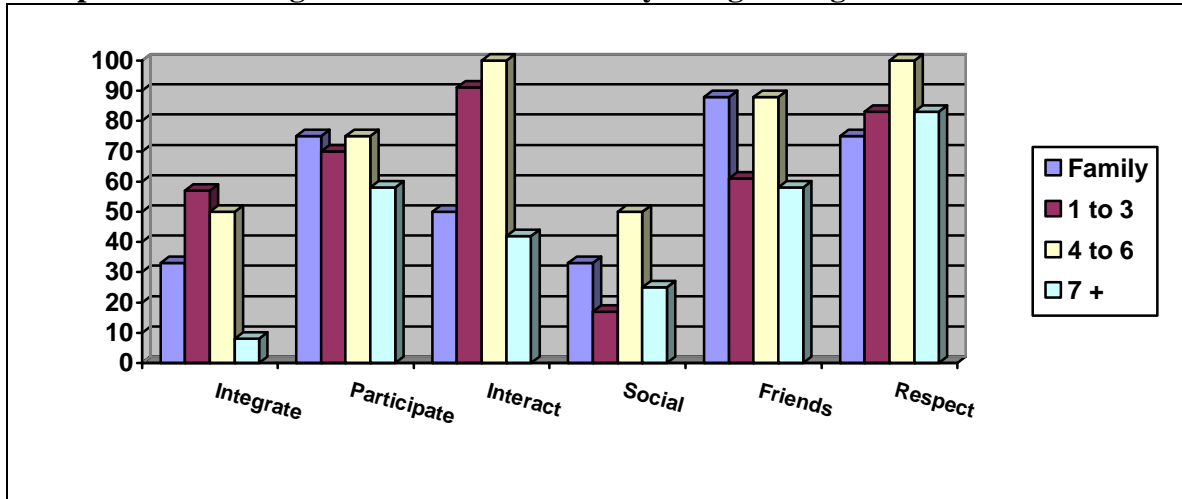**Graph 5.2 Percentage of supports achieved by various age groups - Affiliation**
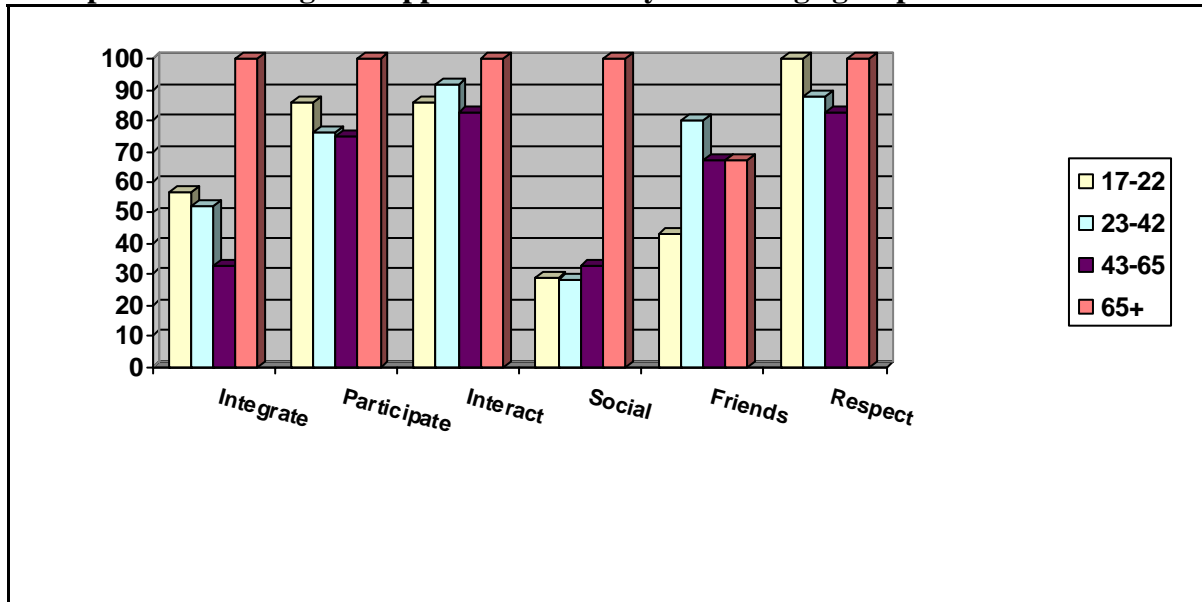
Size of Living Arrangement

Outcomes and supports for Affiliation shows that those in large congregate settings of 7 or more people are less likely to attain any of the outcomes and are also less likely to be supported to have outcomes. Although support for all people to be integrated into their neighborhoods and communities is low, support for this outcome is weakest for those living in large congregate settings. There is also a need for increased social roles for people receiving services. Low social role outcomes and the lack of supports for this outcome show that staff may not fully understand what a social role is and, thus, may be unable to support people to have social roles in every living arrangement.

Comparisons of 2003-2004 and 2004-2005 data show some improvement in several areas. There is a modest improvement in the support and outcome for people being

respected when people live in larger congregate settings of 7 or more people. At the same time, there is a slight decrease for all outcomes and supports for people living with their families.

Graph 6.1 Percentage of outcomes achieved by living arrangement - Affiliation

Graph 6.2 Percentage of outcomes achieved by living arrangement - Affiliation
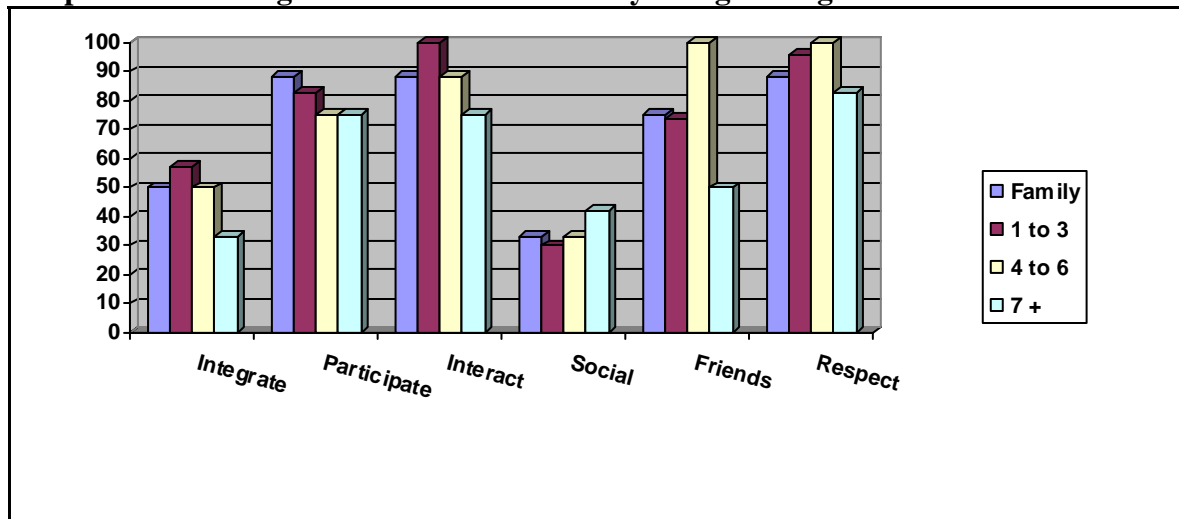
Strengths and Commendations:
- Staff exhibits a high level of respect for the people they support. CQL staff noted that this was observed through interactions during accreditation reviews.
- Many people participate in the community and interact with others to the extent they wish.

Recommendations and Opportunities:

- The lack of integration and social roles for people living with their own families indicates that little support may come from organizations to assist families in understanding the importance of these two outcomes. Organizations are encouraged to work cooperatively with families to help them understand social capital and the importance of these relationships. Should it be determined that staff within organizations truly do not understand the meaning of social capital or social roles, support from the Division of Developmental Disabilities will be important for enhancing this area.
- Increase integration opportunities for people in all aspects of their lives. Seek greater integration in living, work, recreational and leisure activities. This will require support from the larger system for discovering, developing and more fully utilizing community resources.
- Support people to understand friendships, how best to meet others with common interests and how to maintain the reciprocal nature of friendships. Assist people with the building of friendships, reestablishing connections when desired and maintaining the type and frequency of contact desired with current friends.
- Assure that families have the tools to properly support their family members in reaching affiliation outcomes. Especially stress the importance of integration, interacting with others, social roles and developing and maintaining friendships. The Division of Developmental Disabilities is encouraged to develop creative means for engaging and supporting families to recognize and actualize these outcomes.

ATTAINMENT identifies how people define success in personal and social terms. In some instances, people define goals and services in very personal terms. At other times, services and goals can reflect commitment to a group of people, an association, a cause, or even a sense of community. People find some degree of individual motivation in successful accomplishment. This motivation is individually defined and varies from person to person. Time frames, types and levels of support and the person's definition of success influence the choice of individual goals and services and supports.

<u>Age Range</u>
Attainment data indicate that the outcomes of choosing services and realizing goals are most often achieved by those in the age group of people over 65 years. One hundred percent of those in the 65+ age range choose services and service providers and have achieved something of significance in the past two years. All age groups have achieved both of these outcomes at a high rate, although there is an apparent of people 65 and older. The outcome of realizing goals is also higher for the age group 43-65 than for the younger age groups.

The graph for supports also shows that there is stronger support for those in the 65+ age group. The graphs showing supports for choosing services and realizing goals mimic the graphs showing the achievement of those outcomes. This indicates that there is a direct correlation between realizing these outcomes and the understanding, supports and services provided by the organization.

Comparisons with 2003-2004 data show a different pattern of outcomes and supports in this area than for 2004-2005. During 2003-2004, the outcomes and supports for choosing services were lower with each successive age group. In other words, the 17-22 year age group had a higher percentage of outcomes than the 23-42 year age group, which had a higher percentage of outcomes than the 43-65 year age group, which had a higher percentage of outcomes than the 65+ year age group. For realizing goals, all age groups have an extremely high percentage of outcomes and supports except the 23-42 year age group. Data would suggest that more attention was paid to the outcome of choosing services for those interviewed in 2004-2005 than for those interviewed in 2003-2004.

Graph 7.1 Percentage of outcomes achieved by various age groups - Attainment
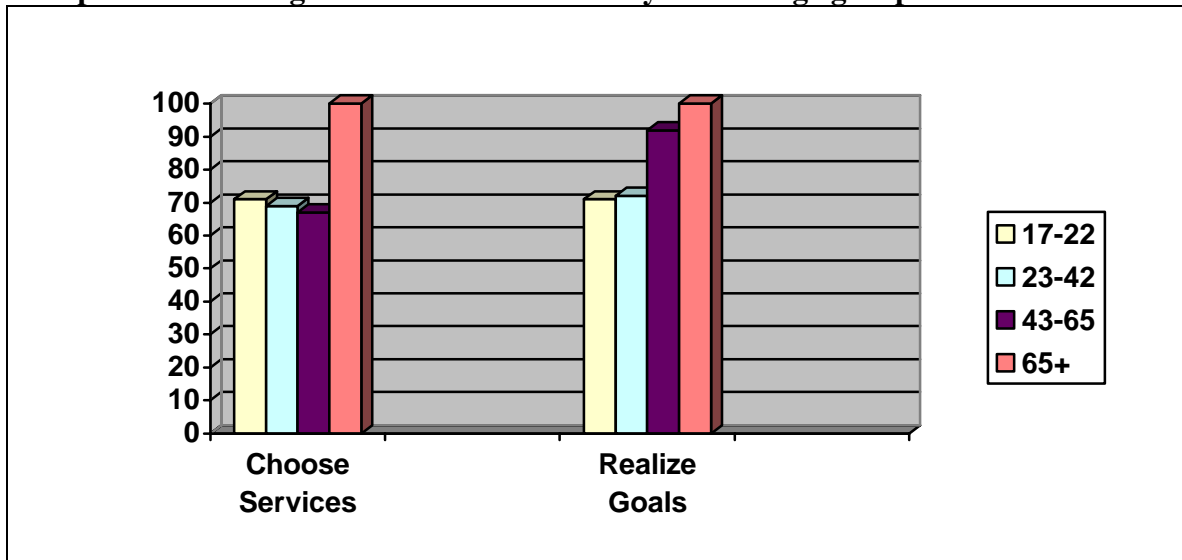
Graph 7.2 Percentage of supports achieved by various age groups - Affiliation
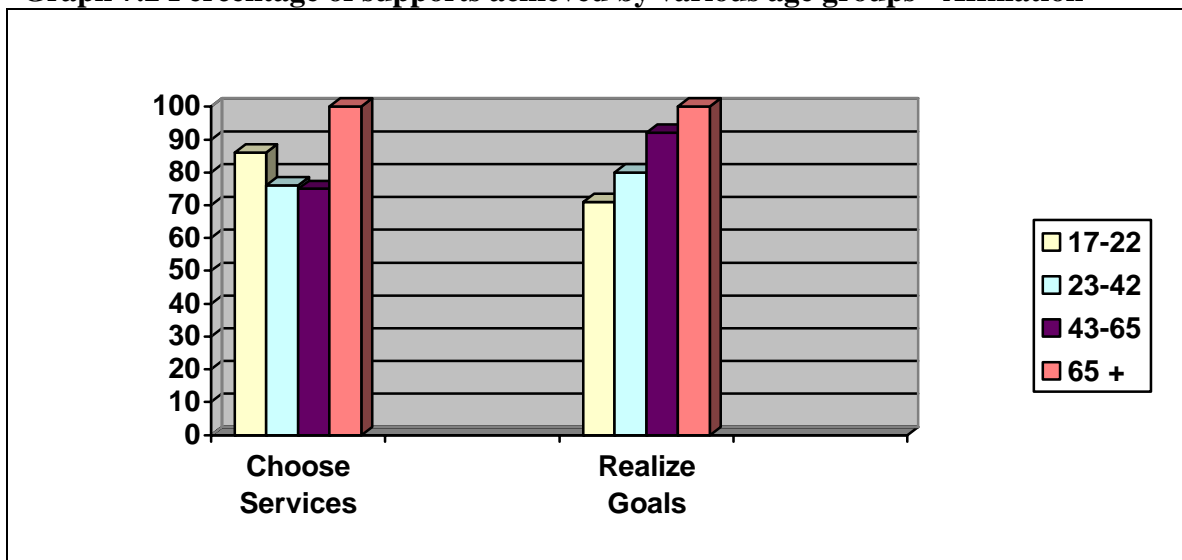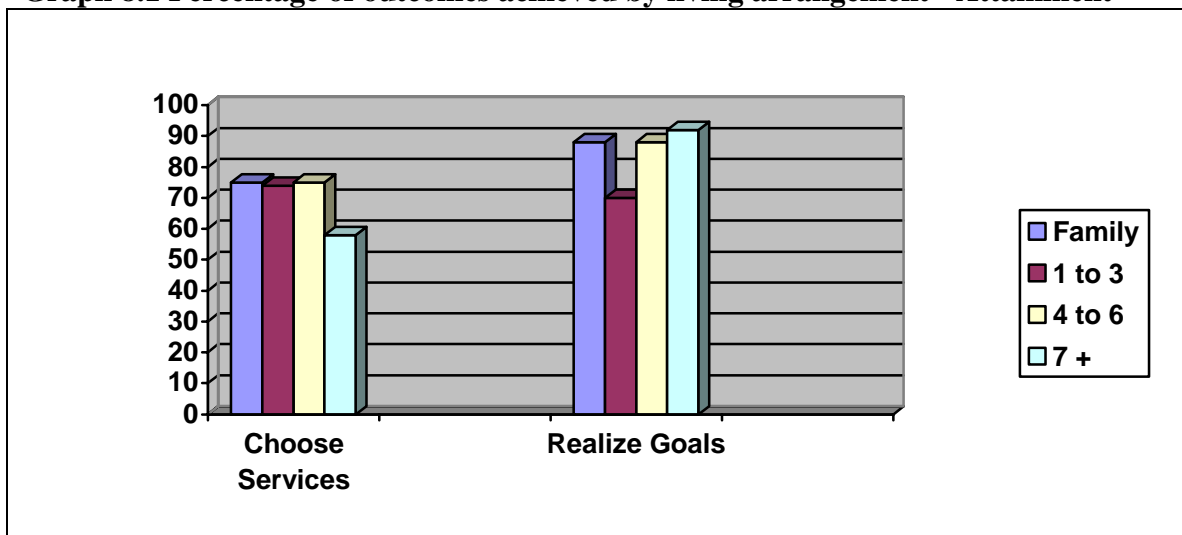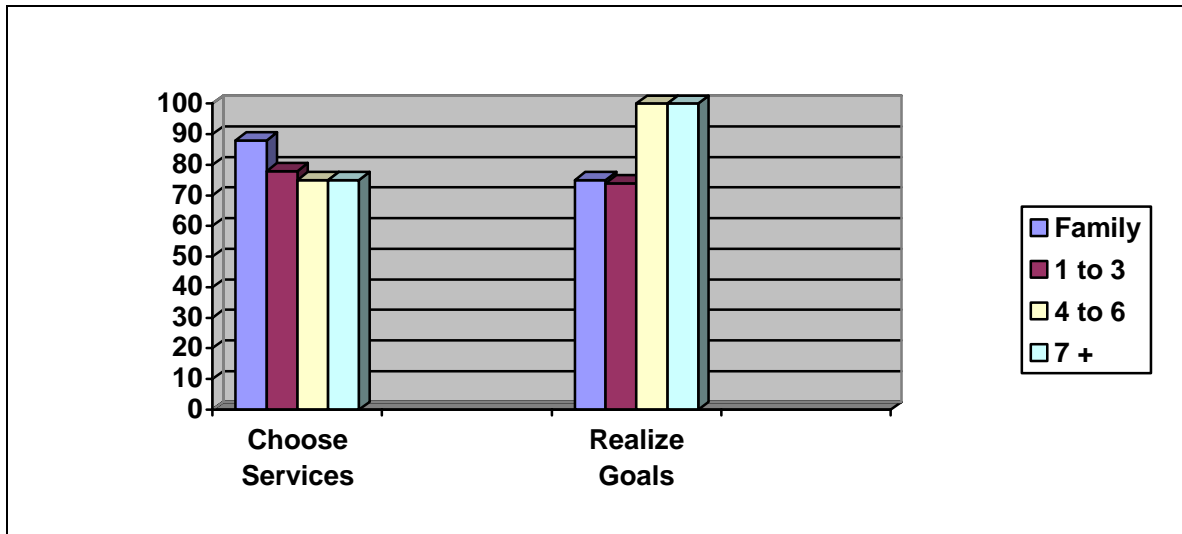
Size of Living Arrangement

2004-2005 data shows that the larger the size of the living arrangement, the less likely the outcome of choosing services is present. While over 70 percent of the people interviewed who live in settings of fewer than six people had the outcome of choosing services, fewer than 60 percent of those living in large congregate situations of seven people or more achieved this outcome. This is an indication that those who live in large congregate setting are more likely to have choices made by others and that options regarding services and service providers are not provided as often to them. Support data show that the support for having people choose their own services and service providers drops off with each successive change in size of living situation. The outcome of realizing goals is high for people in all living situations; although homes with one to three individuals have a lower rate of achieving this outcome.

2003-2004 data show a similar pattern, with successively lower rates of achieving the outcome and support for choosing services as the living arrangement increases in size. The 2003-2004 data show that no one in homes of 7 or more people was choosing services. The fact that nearly 60 percent of people in these larger settings achieved this outcome in 2004-2005 is a significant change. 2003-2004 data also show successively lower achievement of outcome and support for realizing goals as the size of the living arrangement increases. 2004-2005 data show stronger supports are available to people living in situations of more than 4 people and that the outcome of realizing goals is higher than previously for people living in groups of 4 or more.

Graph 8.1 Percentage of outcomes achieved by living arrangement - Attainment

Graph 8.2 Percentage of supports achieved by living arrangement - Attainment

22

A bar chart comparing "Choose Services" and "Realize Goals" across groups: Family, 1 to 3, 4 to 6, 7+.

Strengths and Commendations:

- Most people have achieved a significant life-enhancing goal in the past year or two.
- Most people interviewed for accreditation reviews in 2004-2005 are taking a significant role in the choice of their services and service providers.

Recommendations and Opportunities:

- Organizations are encouraged to find ways to support all people to find and choose their own services and service providers. This would appear to be a particular challenge for several groups of people: those people whose guardians insist on choosing for them, those people who have communication difficulties, and those people who live in larger congregate living situations and may have difficulty getting the individualized attention that comes easier to a person in a smaller setting.
- Continue to ensure that all people are making informed choices about the availability of all services, including generic community services such as banks, stores, restaurants and others. Systems need to be in place to encourage the use of generic community services whenever possible.
- Continue to develop strategies for people to be actively involved in the hiring and selecting of their staff. Find ways to include people's participation in performance appraisals. Systems supports need to encourage organizations to support and empower people to direct their own services and choose their own service providers beyond just choosing the organization or agency they wish to serve them.

SAFEGUARDS help us to feel secure and safe. Sometimes, we feel safer because of the people around us. These close family members and friends are as concerned with our well being as we ourselves are. With their support, we feel greater protection and strength. We know that we can count on them to act on our behalf. In the service and support organization, health and safety codes, building ordinances, and other licensing requirements are clearly defined. Complying with these requirements will promote, but not guarantee, safety. It is important to adhere to these guidelines for environmental

safety. The organization must understand each person's capabilities and personal concerns and individualize building adaptations, policy and procedure, and support systems to further safeguard people's lives.

Age Range

An apparent anomaly occurs in the data showing the achievement of outcomes of being connected to natural supports. For the age groups of 17-22, 23-42 and 43-65, there is a decrease in the attainment of outcomes for each successive age group except for the 65+ age group. The data show that 100 percent of those in the 65+ age group achieved the outcome of being connected to natural supports. There are valid reasons for this to occur. First, for 2004-2005, this group was very small, having only 3 people represented in it. All three of these people may, indeed, be strongly connected to natural supports and may be satisfied with these connections. However, a possible reason for this difference is that this outcome can, at times, be considered present if the person has no natural support network with which to be connected. This may have been the case for one or more of the people in the 65+ age group. Regardless of the reasons for this higher percentage of outcomes for the older age group, supports decrease with each succeeding age group.

The highest percentage of people having the outcome of being safe is for the 23-42 year age group. Each age group older than 42 has successively fewer people with the outcome of being safe, and supports also drop significantly with each successive age group.

Comparisons with 2003-2004 data show similar supports for both of these outcomes. Support in 2003-2004 for these two outcomes is higher for the younger age groups than for the older age groups. The percentage of people achieving these outcomes in 2004-2005 is lower than for those interviewed in 2003-2004. Except for the high percentage of outcomes achieved for the 65+ age group in 2004-2005, both years follow a pattern of higher outcome and supports for younger age groups and lower outcomes and support for older age groups.

Graph 9.1 Percentage of outcomes achieved by various age groups - Safeguards

24
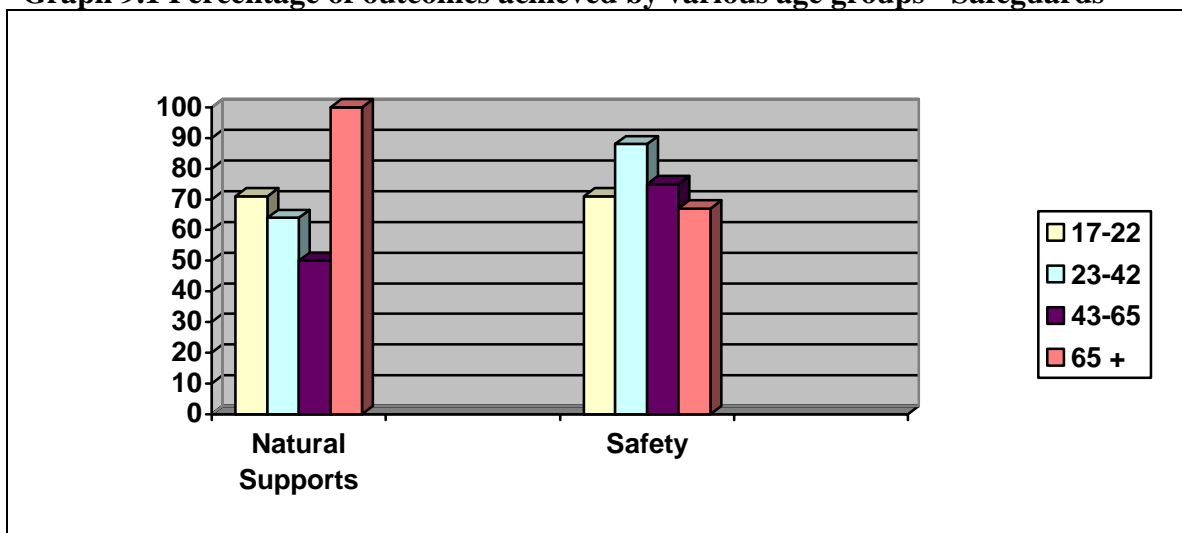
Graph 9.2 Percentage of supports achieved by various age groups - Safeguards
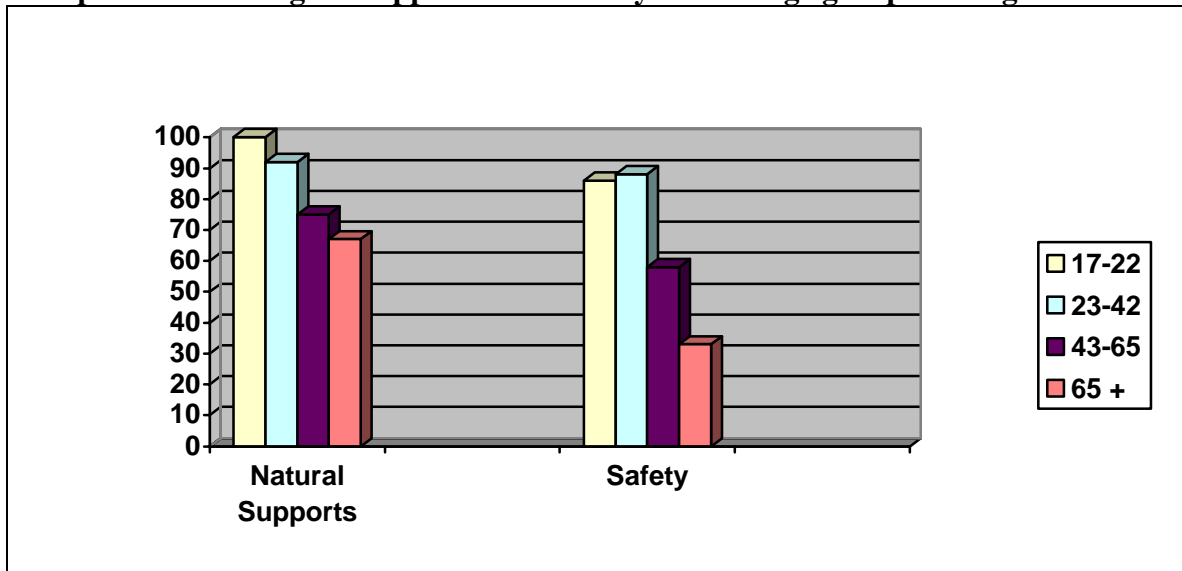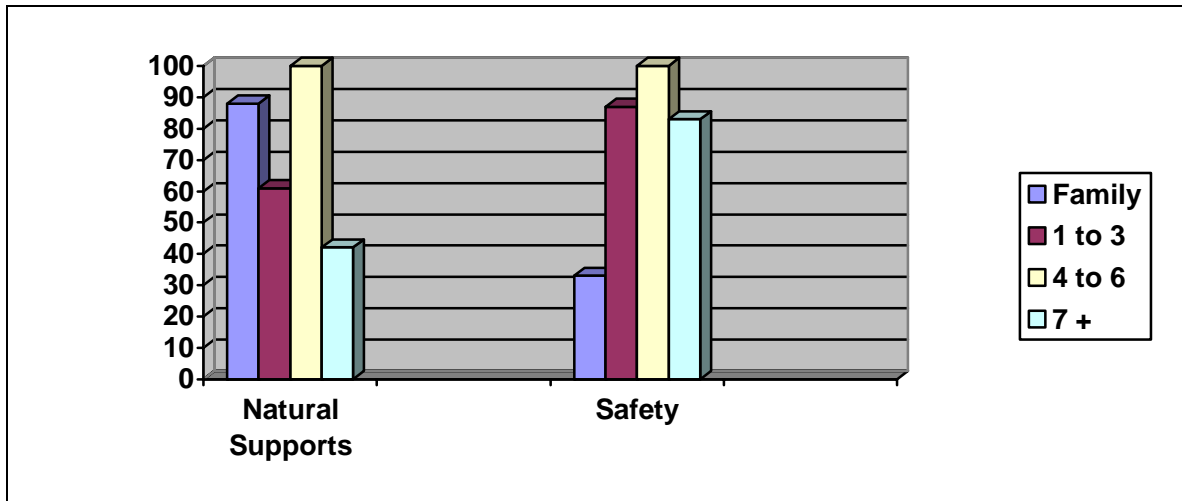

Size of Living Arrangement

The achievement of outcomes in the area of Safeguards is correlated with the person's living situation. As might be expected, those living with their natural families have a high percentage of people who are connected to natural supports. People living in a home having 1 to 3 people have a lower rate of being connected to natural supports than those living with family or those in homes having 4 to 6 people. The fewest natural support connections are found for those who live in groups of 7 or more people.

The outcome and support for being safe is found least often among those who live with family. This is an indication that less attention is paid to the safety needs of people who live independently or with families.

2004-2005 data for being connected to natural support systems is similar to that of 2003-2004. Connections are strong for those living with family and are weakest for people living in large congregate setting. Support to connect people living in large congregate settings with natural supports is stronger for those interviewed in 2004-2005.

Graph 10.1 Percentage of outcomes achieved by living arrangement – Safeguards

100
90
80
70
60
50
40
30
20
10
0

Natural Supports **Safety**

☐ Family
■ 1 to 3
☐ 4 to 6
☐ 7 +

Graph 10.2 Percentage of supports achieved by living arrangement - Safeguards

100
90
80
70
60
50
40
30
20
10
0

Natural Supports **Safety**

☐ Family
■ 1 to 3
☐ 4 to 6
☐ 7 +
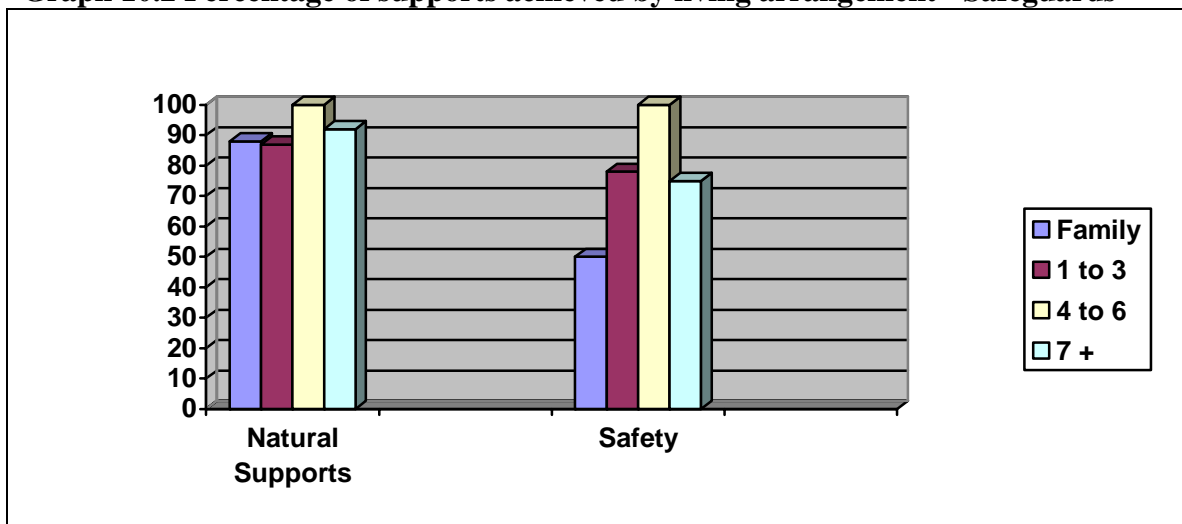
Strengths and Commendations:
- In most situations, staff is aware of and responsive to individual safety concerns of the people they support.
- There is a high level of support available to people to build and maintain connections to natural support systems.
- Fire and tornado drills, including deep sleep drills, are being conducted regularly for people who live in homes operated by the organizations.
- Many people know what to do in a variety of emergency situations.

Recommendations and Opportunities:
- Increase the education and support for safety for those living on their own or with families. An unobtrusive assessment of home safety can provide supports needed to enhance this outcome. As part of promoting safety, the Division of Developmental Disabilities should encourage, or require, that means be developed for assessing home

safety for those who live in private homes. Families should be encouraged, but not required, to develop individualized emergency plans that are updated as needed.

- Develop or continue with strategies to support people in having the type and frequency of contact with their natural support connections that they desire. Support people to develop and maintain connections to extended family members, when desired. The Division of Developmental Disabilities should have a role in obtaining and sharing needed family information with organizations as desired by the service user.

RIGHTS for people with disabilities are the same as for all other citizens. People identify those rights that are most important to them and organizations help each person to fully exercise his or her rights. Supporting people to exercise their rights goes well beyond removing barriers. We begin with information, education, and discovery of how each individual identifies rights for him or herself.

Age Range
The exercise of rights and fair treatment issues appear to be strong for all age groups 2004-2005. This seems to be especially true for the age group of 65+, as all three people in this group were determined to have the outcomes of exercising rights and being treated fairly. This area is reasonably strong, with all age groups being well above national norms. The outcome for exercising rights is achieved at similar rates for the three age groups of 17-22, 23-42, and 43-65. Fair treatment issues, including due process for rights limitations seem to depend to some extent on age grouping, with younger people having fewer outcomes and each succeeding age group showing higher percentages of outcomes. This pattern is also seen in supports for these two outcomes.

Data comparisons show an increase in supports and outcomes over data from 2003-2004 regardless of the age group. For both of the outcomes in this area, data in 2003-2004 for the 17 to 65+ age groups were below 70 percent for all four age categories in supports. Data for 2004-2005 shows that supports for the two outcomes are above 70 percent. Each of the four age groups measured in 2004-2005 have a higher percentage of outcomes and supports than in the previous year. Organizations reviewed in 2004-2005 were putting greater efforts into supporting people to exercise their rights and to have fair treatment including due process for restricted rights.

Graph 11.1 Percentage of outcomes achieved by various age groups - Rights
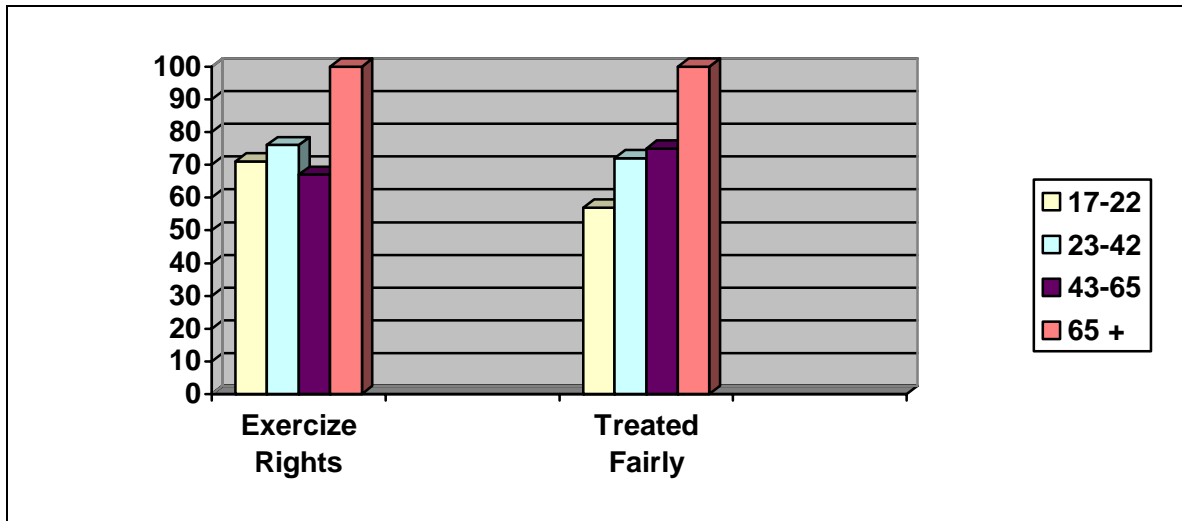
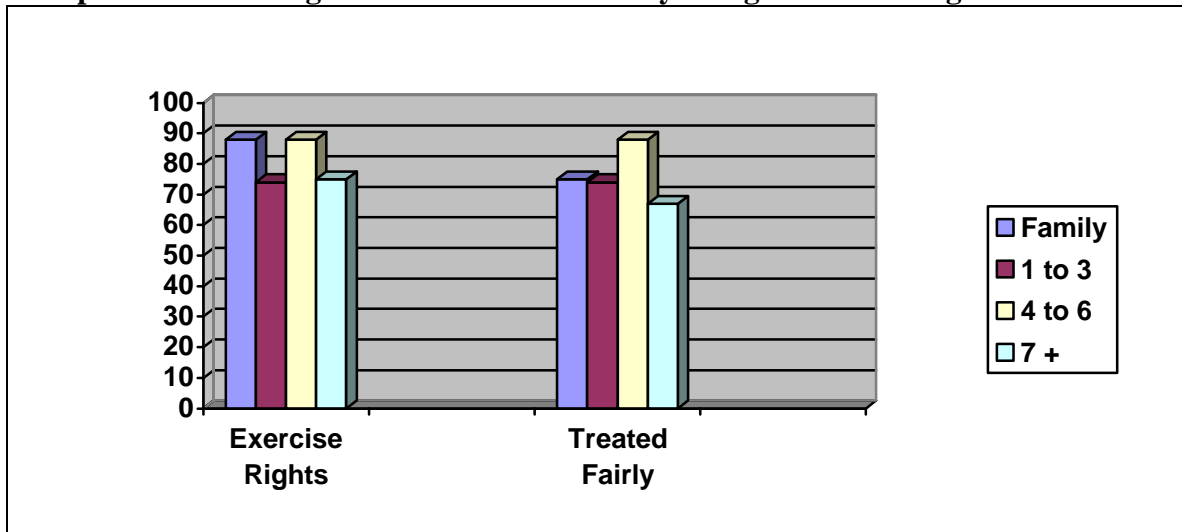**Graph 11.2 Percentage of supports achieved by various age groups - Rights**
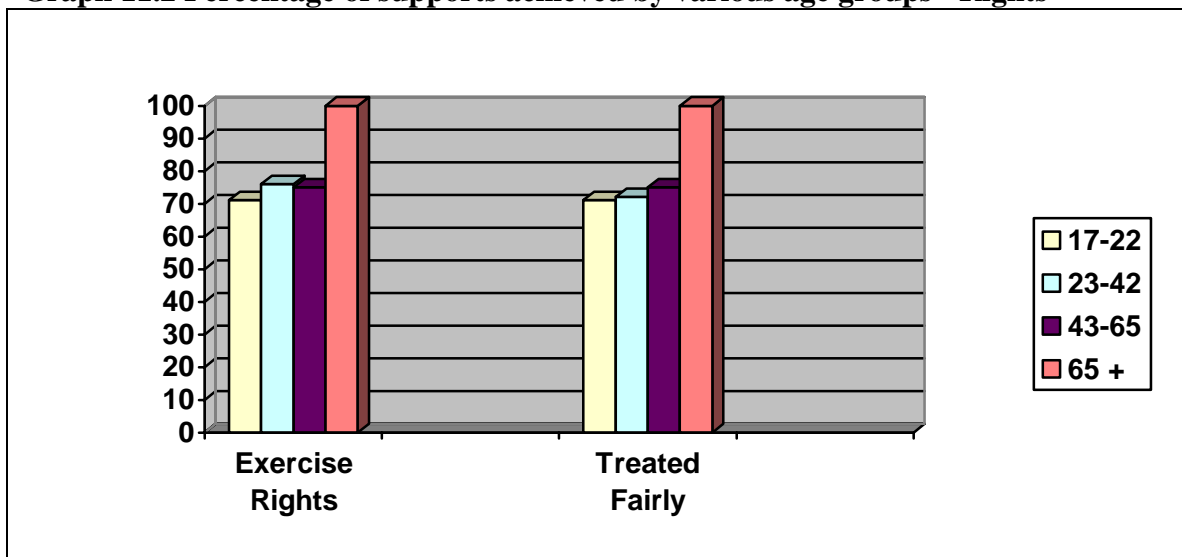
Size of Living Situation

The exercise of rights and fair treatment is closely correlated to the size of the person's living situation. People living with families are more likely to be exercising their rights and being treated fairly than people living large group settings. People living in smaller group settings having 4 to 6 people have a higher likelihood of exercising rights and being treated fairly than people in other living situations. Supports for the living arrangement of 4 to 6 people are also higher for both outcomes in this area than for people in other living situations.

Comparisons with 2003-2004 data show an increase in supports and outcomes for all congregate living situations. 2003-2004 data showed a sharp drop in outcomes and supports for the successively larger living arrangements, with none of those in homes having 7 or more people achieving either an outcome or support in this area. Conversely, all outcome and support percentages for 2004-2005 were above 60 percent, an indication

that organizations were placing a greater emphasis in supporting the exercise of rights and fair treatment for this year.

Graph 12.1 Percentage of outcomes achieved by living situation - Rights

Graph 12.2 Percentage of supports achieved by living arrangement - Rights
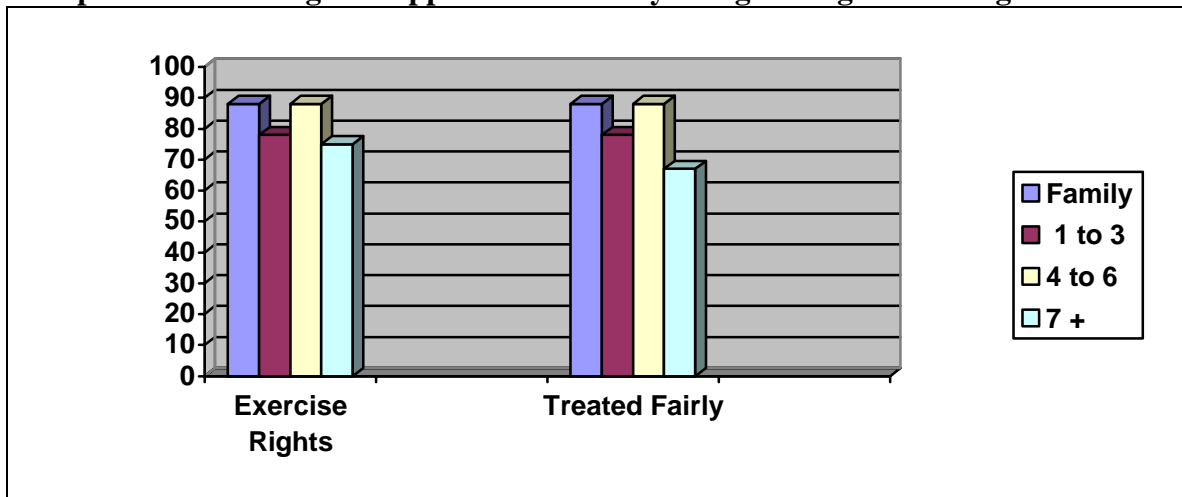
Strengths and Commendations:
- Organizations have Human Rights Committees in place and are reviewing a variety of rights issues including rights limitations, the use of psychotropic drugs for behaviors and emergency use of restraints.
- Rights limitations are often accompanied by a plan to support the person in reestablishing the restricted right.
- Organizations provide excellent opportunities for people to understand and exercise control over their personal finances.
- People know what to do and whom to contact when they feel they are not being treated fairly.

Recommendations and Opportunities:

- Develop strategies so that members of the Human Rights Committee visit organizational homes and programs to see how rights limitations are overseen by staff and to question informal or unrecognized restrictions that may not have previously been recognized. Review systems requirements regarding Human Rights Committees and develop policies that encourage this practice.
- Assess all situations where guardianship is in effect. When needed, advocate for partial or limited guardianship. Organizations can be supported at the Division level with information and education for people served, staff and families about guardianship laws and practices in South Dakota.
- Encourage people to attend Behavior Support Committee and Human Rights Committee meetings when their behavior plans or rights limitations are being discussed. The Division of Developmental Disabilities can assure that this is an expected practice of organizations.
- Continue education and discussions about rights with people receiving services and staff to ensure that all people are aware of and fully understand the rights of people in services.
- Examine the makeup of Human Rights Committees to ensure a truly objective review. Consideration should be given to limiting the number of people on the committee with affiliations to the organization. Examinations of policies and practices by the Division of Developmental Disabilities can encourage the heterogeneity of such committees and the enhancement of due process.

HEALTH AND WELLNESS include the outcomes of best possible health, freedom from abuse and neglect, and continuity and security. These outcomes contribute to our sense of health and well being. Services and supports address physical and mental health care needs that enable each person to experience the best possible health given his or her unique profile and status. Situations of abuse and neglect are unacceptable. Organizations must act to prevent and to respond to all allegations of abuse, neglect, mistreatment, or exploitation. Another aspect of personal well being is the impact of change. Services and supports should promote continuity and security for people.

Age Range

The percentage of people having the outcome of best possible health is high for all age groups. Although there is a gap between the 65+ age group and other age groups, the percentage of outcomes for the 65+ age group represents only 3 people. Since one of these did not fit the criteria for having best possible health, the percentage dropped to 67 percent. For this sample group, the outcome of freedom from abuse appears to have some correlation to age. Those in the 17-22 age group have fewer outcomes, and thus a higher likelihood of having abuse or neglect present in their lives than older groups. Continuity and security is strong for all age groups.

Supports for all three outcomes in this area are extremely strong and show no discernable pattern based on the age of people in the sample.

Data from 2003-2004 shows no discernable difference to 2004-2005 data for outcomes and supports for people having best possible health. Outcomes and supports for having best health were high in 2003-2004, and they remain high in 2004-2005. Freedom from abuse and neglect in 2003-2004 shows much higher outcome percentages than in 2004-2005. For example, for the age group 17-22, the outcome of being free from abuse and neglect was at 100 percent for 2003-2004. In 2004-2005, this outcome is at 43 percent. Conversely, the supports for experiencing continuity and security appear to be much lower in 2003-2004 than in 2004-2005.

Graph 13.1 Percentage of outcomes achieved by various age groups – Health & Wellness
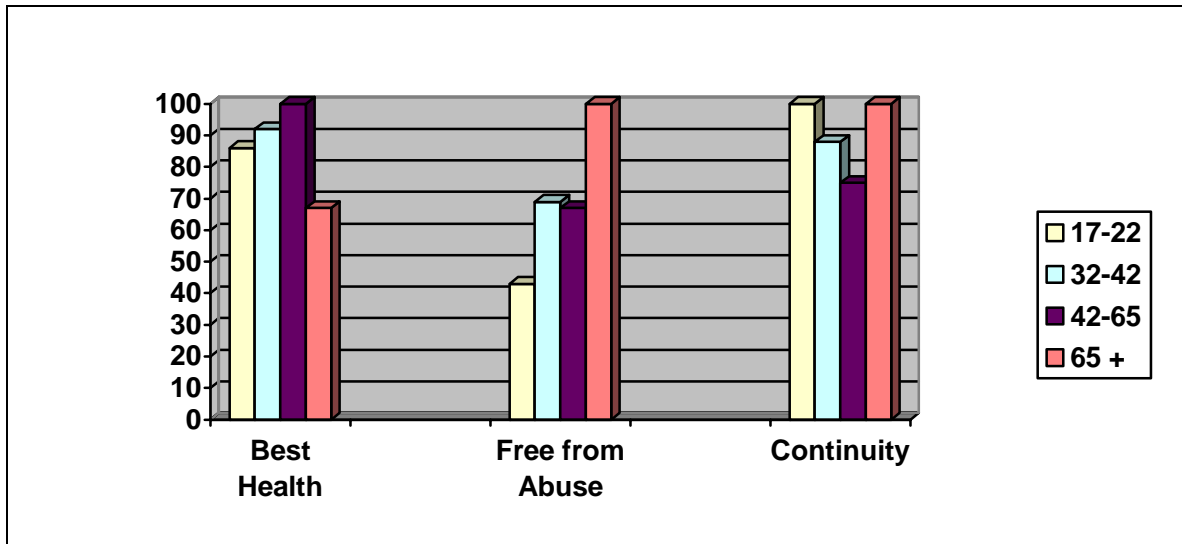
Graph 13.2 Percentage of supports achieved by various age groups – Health & Wellness
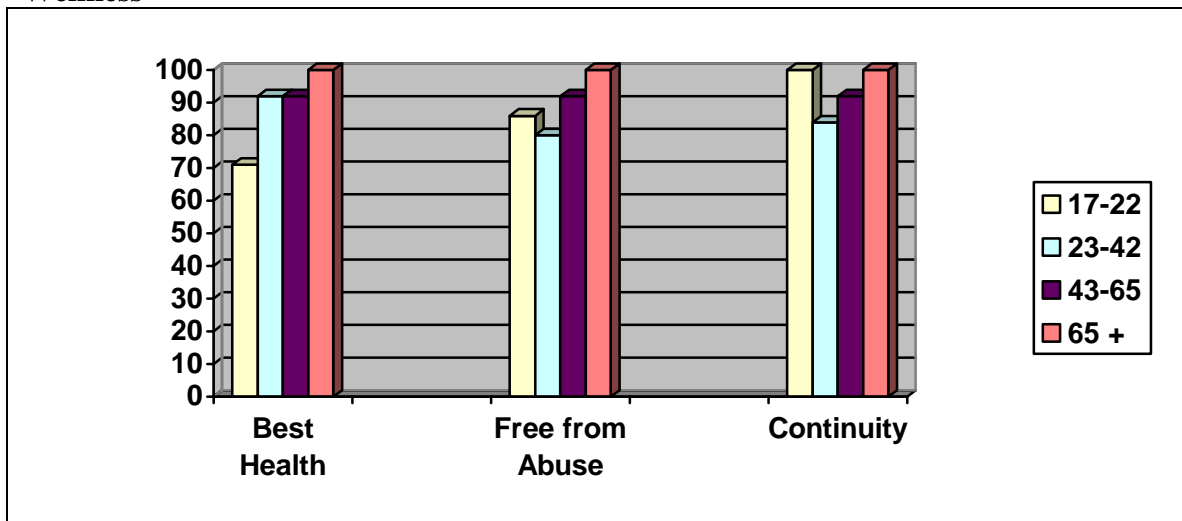
Size of Living Situation

With a couple of exceptions, all percentages of achieved outcomes and supports for various living situations in 2004-2005 are very high. Persons in all living situations have achieved a high percentage of the outcome of having best possible health. Strong supports for this outcome across all living situations are responsible for this. Outcomes and supports for continuity and security are also strong across all living situations. For the outcome of being free from abuse, however, those either living with family or with up to two other people did not achieve the outcome percentage shown by other groups. There is strong support for all outcomes across all age groups.

Compared to 2003-2004, supports are stronger in all living situations. The most discernible difference is in supports for continuity and security. In 2003-2004 supports for all living situations except living with family were below 70 percent. In 2004-2005, supports for all age groups were above 75 percent. A similar but smaller change is seen in the supports for best possible health.

Graph 14.1 Percentage of outcomes achieved by living situation – Health & Wellness
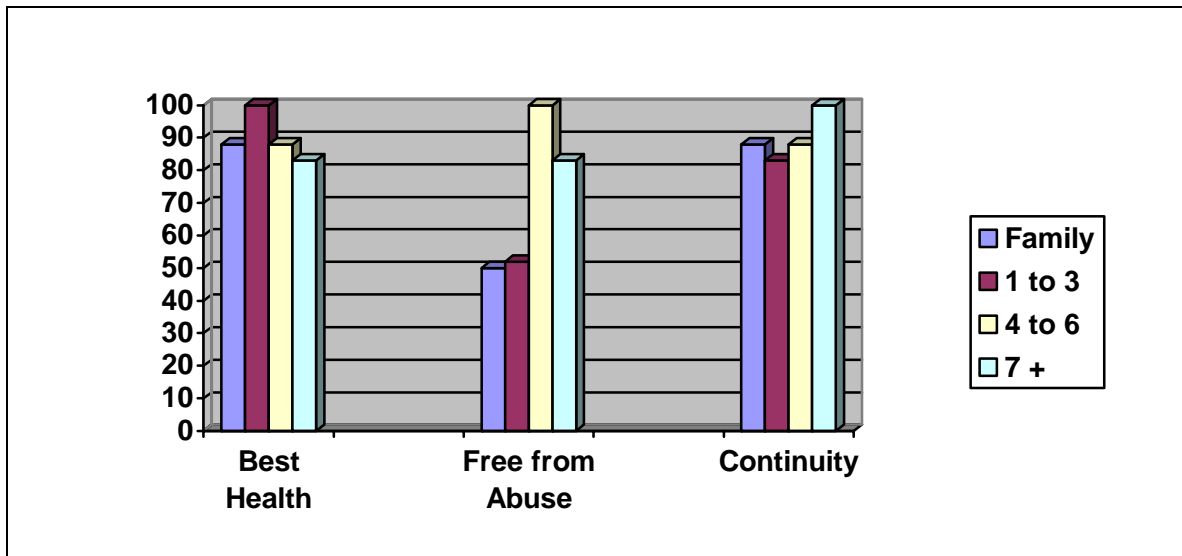
Graph 14.2 Percentage of supports achieved by living situation – Health & Wellness
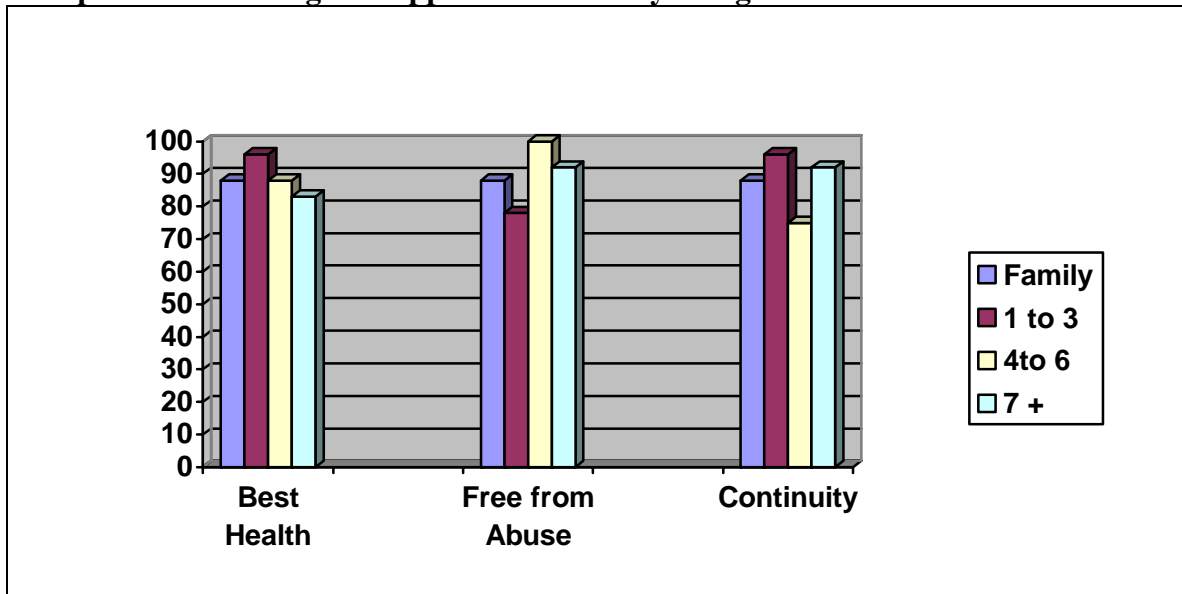
Strengths and Commendations:
- People have many personal possessions that are of great value to them and reflect their interests and individual personalities.
- Some organizations have protocols for routine cancer screening examinations outlining the expected tests to be done based on the age and sex of the person.
- People have good health care and receive preventive health screenings. People are seeing healthcare professionals regularly and are benefiting from health examinations and follow up.
- Some organizations are investigating allegations of abuse between peers in the same manner that other allegations of abuse are investigated.
- Some people have their possessions protected through homeowners' and renters' insurance.

Recommendations and Opportunities:
- Ensure that people who either appear to be or report that they are still experiencing distress caused by past abuse have opportunities to address the distress by receiving needed intervention. State systems can support organizations by reviewing state policies regarding mistreatment, abuse, neglect and exploitation and consider any needed changes that address the alleviation of distress from a previous occurrence of abuse.
- Assure that cancer screening protocols include expectations for colon examinations. Through policy or practice, the State of South Dakota should encourage organizations to see that people are afforded the opportunity to have all routine cancer screening examinations completed as advised by a recognized organization such as the American Medical Association, The American Nurses Association or The American Cancer Society.
- When staff is promoted, moved or has a position change, assure that this does not automatically mean that people no longer have contact with a person that may have

become an important part of their life. In monitoring the choices that people make, the Division of Developmental Disabilities can encourage the maintenance of close personal relationships that may develop with staff.

- Develop and provide health care training about issues about aging. As the developmental disabilities system is overseeing services to an aging population, it is most appropriate that they take the lead in this education and support process.

Organizational Assurances

Assurances of Health, Safety and Welfare emphasize the fundamental importance of maintaining the health, safety, welfare, respect, and stability of people receiving supports and services. People and organizations providing supports and services to other people have a basic obligation to guard general health and welfare. Personal Outcomes emphasize the importance of choice, but enabling people to make choices does not relieve staff of the obligations to protect general health and welfare. The six organizations accredited between July 1, 2004 and June 30, 2005 obtained the following results:

Table 4. Organizational Assurances of Health, Safety and Welfare

Assurances	Number of Organizations	% Present	% Not Present
The organization has employment screening procedures that minimize unnecessary or unreasonable risk	6	100%	0%
The organization implements procedures in all instances of alleged abuse and neglect.	6	83%	17%
The organization promotes access to primary health care that is coordinated, comprehensive, and continuous.	6	100%	0%
The organization implements emergency procedures.	6	100%	0%
Buildings comply with all applicable fire and sanitation codes.	6	100%	0%
The organization protects the rights of people.	6	100%	0%
The organization uses positive approaches in all service and support activities.	6	83%	17%

Strengths and Commendations:

- Organizational employment screening practices are thorough and include criminal background checks, driver's license checks, and personal and professional references.
- Attention to health care in all organizations is exemplary. Some organizations have detailed cancer screening protocols for all people receiving services.
- Organizations conduct fire and other emergency drills frequently and at varying hours, including deep sleep drills. Drills are often tracked and reviewed to assure that people needing special assistance can evacuate quickly and safely.
- Several organizations had clear prohibitions against the use of time out and aversive conditioning.

Recommendations and Opportunities:
- Develop and implement processes that ensure that people living in homes of their own, with family, or in residences not owned or operated by the organization are safe and have needed safety equipment. An unobtrusive assessment of home safety can provide supports needed to enhance this outcome. As part of promoting safety, the Division of Developmental Disabilities should encourage, or require, that means be developed for assessing home safety for those who live in private homes. This should be done with full knowledge and permission of the family and should be a support and not a requirement for having the person live at home. Families should be encouraged, but not required, to develop individualized emergency plans that are updated as needed.
- Examine the makeup of Human Rights Committees to ensure a truly objective review. Consideration should be given to limiting the number of people on the committee with affiliations to the organization. Examinations of policies and practices by the Division of Developmental Disabilities can encourage the heterogeneity of such committees and the enhancement of due process.
- Assure that people are invited to Human Rights or Behavior Intervention Committee meetings when decisions are made that will affect them. Encourage people to attend Behavior Support Committee and Human Rights Committee meetings when their behavior plans or rights limitations are being discussed. The Division of Developmental Disabilities can assure that this is an expected practice of organizations.
- Develop systems for tracking and trending abuse and neglect data, incident data and other information vital to the health and welfare of people receiving services.
- Assure that employment screenings include out-of-state checks, when needed.
- Assure that policies about the use of physical and mechanical restraints, time out, and aversive conditioning are in keeping with what the organization is doing. Clearly define what procedures are prohibited from use, and assure that staff is aware of policy changes. It is imperative that the Date of South Dakota take the lead in developing and encouraging more positive approaches for working with behavior concerns.
- Assess all situations where guardianship is in effect. When needed, advocate for partial or limited guardianship. Organizations can be supported at the Division level with information and education for people served, staff and families about guardianship laws and practices in South Dakota.

Assurances of Fiscal and Legal Accountability stress accountability in resource management. Organizations exercise a public trust and have a responsibility to people receiving services and supports and their families, the community, funders, and employees. These assurances remind the organization that financial strength and diligent resource management increases organizational capacity to facilitate outcomes. As resources become scarce, organizations must demonstrate a direct connection between organization process and personal outcomes. The six organizations accredited between July 1, 2004 and June 30, 2005 obtained the following results:

Table 5. Organizational Assurances of Fiscal and Legal Accountability

Assurances	Number of Organizations	% Present	% Not Present
The organization has a budgeting and accounting system.	6	100%	0%
The organization has an annual independent audit.	6	100%	0%
The organization is accountable for people's money.	6	100%	0%
The organization maintains data and information on costs, personnel, capital budget, and support coordination.	6	100%	0%
The organization's personnel practices meet all governmental fair labor regulations.	6	100%	0%

Strengths and Commendations:
- All organizations have had independent financial audits. When recommendations or material weaknesses are noted, organizations address and correct the necessary items.
- Organizations put forth strong efforts to protect people's money.
- Some organizations have financial means to support people to reach dreams and desires that might not be reached through normal financial means.

Recommendations to Consider:
- Continue to seek out approaches to maintaining data and information on costs, personnel, capital budget, and support coordination that is person-focused. The Division of Developmental Disabilities is encouraged to seek ways that funding can allow for person-focused budgeting and financial management.
- Explore ways to reduce the number of people for whom the organization serves as representative payee. The State of South Dakota is encouraged to advocate for systems that will allow this to more easily occur.
- Explore ways that all stakeholders, especially people in services, might have input into the budget process. The Division of Developmental Disabilities should

encourage this as part of assuring Participant-Centered Service Planning and Delivery.

Organizing Principles

The Organizing Principles are the basic organizational action strategies that facilitate personal outcomes for people receiving services and supports. They represent a collection of best and most promising practice from organizations that have successfully designed and delivered services based on a *personal outcomes* approach. As such, the organizing principles provide a benchmark for organizations considering a personal outcome orientation to services and supports.

The Organizing Principles bring together action strategies related to leadership, systems development, and quality management and planning. These Organizing Principles communicate messages to staff, families and volunteers, people served, and external audiences.

Leadership: Each person served, staff, family member and volunteer brings a unique combination of life and work experience and can make a contribution to the leadership for the organization. The organization leadership begins with the recognition that people served are primary "customers" and that their participation in decision making, both personal and organizational, is imperative. Organization leadership also recognizes the obligations and responsibilities to employees and volunteers in terms of providing feedback and clarity of organizational purpose. Finally, organizational leadership is responsible for developing relationships in the local community (governmental, business, religious organizations, etc.)

A Decision Matrix is used to determine the level of implementation of each of the Organizing Principles (Table 6). The following is a guideline of the reasons a Principle might be placed in a particular area of the matrix:

Understanding: A Principle is placed in this portion of the matrix when an organization recognizes that the particular Principle is worthy of implementing but may still be in the planning stages of determining how to implement the Principle. Or perhaps the organization has attempted to implement the Principle, but has changed the means of implementing it.

Implementation: A Principle is considered implemented when it has been put into practice and all elements of the organization responsible for the implementation are aware of how it is to be implemented and maintained. An implemented Principle has not yet begun to show consistent results from its implementation.

Results: Once a Principle has been fully implemented and everyone understands and is playing his or her role in the implementation of the Principle, there should be evidence of consistent results from having implemented the Principle.

Leadership Principles:

L1.   The organization or network defines its primary customer.
L2.   People served exercise leadership through choice and self-determination.
L3.   The organization or network emphasizes the values of listening, responsiveness, respect, and support for desired outcomes.
L4.   The organization or network links service users, families and providers to promote individual relationships and increase system capacity.
L5.   The organization or network appoints service users to the board of directors.
L6.   The organization or network clearly defines expectations for staff competency and performance.
L7.   The organization or net work regularly evaluates and provides feedback to its staff on their performance.
L8.   The organization or network has a strategy for developing relationships with other agencies/providers in its service area.

For 2004-2005, there is a noticeable shift of Leadership Principles toward greater implementation and recognition of results. (See Table **7**) For 2003-2004, 23% of the Leadership Principles were determined to be at the Understanding level, 38% at the Implementation level, and 39% at the Results level. For 2004-2005, there is a shift to the right of the matrix, with Principles in the Understanding level decreasing to 10% and Principles in the Implementation and Results levels increasing to 42% and 48%.

In this past year, several Leadership Principles have become stronger. The following three Leadership Principles are found to be strongest for South Dakota organizations reviewed during 2004-2005:
L1.   The organization or network defines its primary customer.
L3.   The organization or network emphasizes the values of listening, responsiveness, respect, and support for desired outcomes.
L4.   The organization or network links service users, families and providers to promote individual relationships and increase system capacity

In 2004-2005, three Leadership Principles are seen as showing the greatest need for improvement:
L5.   The organization or network appoints service users to the board of directors.
L6.   The organization or network clearly defines expectations for staff competency and performance.
L7.   The organization or network regularly evaluates and provides feedback to its staff on their performance.
.
Strengths and Commendations:
- Organizations recognize the value of developing relationships with other providers and community entities in order to increase system capacity and enhance the quality of life for people receiving services.
- Organizations define their primary customer as the person receiving services.

- Organizations solicit information about dreams, needs and priorities to determine how to support people to achieve outcomes.

Recommendations to Consider:
- Several organizations are encouraged to discover emerging leaders among people receiving services and to find those that might have an interest in serving on boards of directors. The Division of Developmental Disabilities can play a role in encouraging service user participation on Boards of Directors and in other meaningful roles within organizations.
- Organizations are encouraged to explore ways to enhance social capital for those receiving services. For many this is a new concept, and the Division of Developmental Disabilities can assume a role in educating and encouraging organizations in this area.
- Organizations need to seek out all available community resources to provide staff with information for presenting an array of options to people receiving services.

Systems Principles:

S1.   The organization or network has a clear statement of its mission.

S2.   The organization or network implements a strategy for listening to and learning about each individual.

S3.   The organization or network promotes coordinated systems of services that are responsive to the needs and desires of service users.

S4.   The organization or network provides service users and other organizations with relevant information.

S5.   The organization or network has a strategy for hiring, nurturing, and sustaining staff.

S6.   The organization or network provides opportunities for staff training and personal development.

S7.   The organization or network has a personnel development strategy for increasing staff and volunteer competence in facilitation, problem solving, and negotiation.

S8.   Organizational or network systems promote personal dignity and respect.

S9.   Organizational or network systems promote continuity and security.

S10. Organizational systems promote natural support relationships.

For 2004-2005, there is a noticeable shift of Systems Principles toward greater implementation and results for many of the Principles. (See Table **7**) For 2003-2004, 12% of the Systems Principles were determined to be at the Understanding level, 44% at the Implementation level, and 44% at the Results level. For 2004-2005, there is a shift to the right of the matrix, with percentage of Principles in the Understanding level decreasing to 0% and Principles in the Implementation and Results levels increasing to 45% and 55%.

In this past year, several Systems Principles have become stronger. The following three Systems Principles are found to be strongest for South Dakota organizations reviewed during 2004-2005:

S8.   Organizational or network systems promote personal dignity and respect.
S9.   Organizational or network systems promote continuity and security.
S10.   Organizational systems promote natural support relationships.

In 2004-2005, two Systems Principles are seen as showing the greatest need for improvement:

S4.   The organization or network provides service users and other organizations with relevant information.
S7.   The organization or network has a personnel development strategy for increasing staff and volunteer competence in facilitation, problem solving, and negotiation.

Strengths:
- Several organizations have mission statements that are central to their operations, quality enhancement and day-to-day operations. In several situations, it is mentioned that staff know, understand and use the mission of the organization.
- Organizations assure that people are treated with dignity and respect.
- Organizations are concerned about staff turnover and are seeking ways to decrease staff turnover.
- Organizations recognize the importance of maintaining family ties and other ties that are a part of each person's natural support network.

Recommendations to Consider:
- Organizations are encouraged to explore ways to enhance social capital for those receiving services. For many this is a new concept, and the Division of Developmental Disabilities can assume a role in educating and encouraging organizations in this area.
- Develop and implement a strategy for increasing staff and volunteer competence in facilitation, problem-solving, and negotiation. The Division of Developmental Disabilities can encourage and offer training in this area for direct support professionals.
- Evaluate and more clearly define job descriptions and staff evaluations so that staff understands their role in supporting personal outcomes. Policies should encourage the development of job descriptions and evaluations that clearly define the staff role in finding ways to support people to achieve those things that are important to them.
- Find ways to ensure input into staff evaluations from people receiving services. HCBW monitoring and assistance can encourage this type of input.
- Reexamine services where sub-minimum wages are paid to workers. Look for alternative mechanisms that will allow pay rates to be fair and respectful. The division of Developmental Disabilities, in concert with organizations from across the state, is encouraged to advocate for this support.
- Continue to support staff in understanding the depth and intent of personal outcomes.

Quality Management and Planning Principles:

Q1. The organization or network has a process for eliciting and analyzing feedback on services and supports from service users, employees and providers.
Q2. The organization or network periodically analyzes and documents the relationship between resource allocation and personal outcome attainment.
Q3. The organization or network has a process for collecting and analyzing information.
Q4. Information analysis results in strategies for organizational quality improvement.
Q5. The organization or network's knowledge management system is based on information about aggregated individual needs and resources within the service area.

For 2004-2005, there is a shift in Quality Management and Planning Principles toward greater implementation and results. (See **Table 7**.) For the 2003-2004 review year, 58% of the Quality Management and Planning Principles were determined to be at the Understanding level, 38% at the Implementation level, and 4% at the Results level. For 2004-2005, there is a shift to the right of the matrix, with the percentage of Principles in the Understanding level decreasing to 43% and Principles in the Implementation and Results levels changing to 37% and 20%.

In 2004-2005, several Quality Management and Planning Principles have become stronger. The following Quality Management and Planning Principle is found to be strongest for South Dakota organizations reviewed during 2004-2005:
Q1. The organization or network has a process for eliciting and analyzing feedback on services and supports from service users, employees and providers.

In 2004-2005, two Quality Management and Planning Principles are seen as showing the greatest need for improvement:
Q2. The organization or network periodically analyzes and documents the relationship between resource allocation and personal outcome attainment.
Q5. The organization or network's knowledge management system is based on information about aggregated individual needs and resources within the service area.

Strengths:
• Organizations have developed many strategies to solicit feedback from its staff, other providers, parents and people receiving services and have used the information for organizational learning and to identify organizational goals and initiatives.
• Several organizations have developed a quality enhancement process that is thorough, well-organized, clear and concise.

Recommendations to Consider:
• Develop strategies for aggregating individual needs and resources within the service area. It is recommended that the Division of Developmental Disabilities encourage the development of systems to aggregate information about individual and

organizational needs and about resources within the service area. The organizational improvement strategy can then proceed from the identification of those personal outcomes that are frequently attained by recipients of service and support and those personal outcomes that the organization is not facilitating on a frequent basis.

- Develop ways to increase the reliability and validity of the results of personal outcomes assessments. The Division of Developmental Disabilities   can take a leading role in encouraging and, at times, providing training to see that people are properly educated about personal outcomes.

Table 6. Decision Matrix for Organizing Principles 2004-2005

Decision Matrix	Understanding	Implementation	Results
Leadership	L5 L6,L7,L8 L4	L1,L6,L7 L1,L2,L5,L8 L2,L3,L4 L2,L3,L5,L6,L7,L8 L2,L5,L6,L7	L2,L3,L4,L8 L3,L4,L6,L7 L1,L2,L3,L4,L5,L6,L7,L8 L1,L5 L1 L1,L3,L4,L8
Systems		S1,S2,S4,S6,S7 S4,S5,S7,S8,S9 S5 S3,S4,S5,S6,S7 S1,S2,S3,S4,S6,S7 S2,S4,S5,S7,S10	S3,S5,S8,S9,S10 S1,S2,S3,S6,S10 S1,S2,S3,S4,S6,S7,S8,S9,S10 S1,S2,S8,S9,S10 S5,S8,S9,S10 S1,S3,S6,S8,S9
Quality Management and Planning	Q2,Q5 Q2,Q4,Q5 Q2,Q3,Q4,Q5 Q2,Q3,Q4,Q5	Q1,Q3,Q4 Q1,Q3 Q2,Q4,Q5 Q1 Q2,Q5	 Q1,Q3 Q1 Q1,Q3,Q4

Legend: ♦ = Ctr. for Independence; ♦ = Northern Hills; ♦ = ADVANCE; ♦ = Adj. Trng. Ctr.; ♦ = SESDAC; ♦ = Sioux Voc.

Table 7. Decision Matrix for Organizing Principles 2003-2004/2004-2005 Comparison

Decision Matrix	*Understanding*	*Implementation*	*Results*
Leadership	**Percentage of Principles:** 2003-2004 - 23% 2004-2005 - 10%	2003-2004 - 38% 2004-2005 - 42%	2003-2004 - 39% 2004-2005 - 48%
Systems	2003-2004 - 12% 2004-2005 - 0%	2003-2004 - 44% 2004-2005 - 45%	2003-2004 - 44% 2004-2005 - 55%
Quality Management and Planning	2003-2004 - 58% 2004-2005 - 43%	2003-2004 - 38% 2004-2005 - 37%	2003-2004 - 4% 2004-2005 - 20%

Table 8. 2005 National Averages Comparative Data N = 5542		National Averages		South Dakota Averages 2003-2004		South Dakota Averages 2004-2005		Differences +/-	
		Outcome	Support	Outcome	Support	Outcome	Support	Outcome	Support
IDENTITY	People choose personal goals.	46.1	46.6	51.4	50.0	76.6	68.1	+25.2	+18.1
	People Choose where and with whom to live.	44.3	55.2	52.8	58.3	57.4	68.1	+4.6	+9.8
	People choose where they work.	38.3	49.1	50.0	55.6	44.7	48.9	-5.3	+12.9
	People have intimate relationships.	72.4	67.4	72.2	79.1	85.1	82.9	+12.9	+3.8
	People are satisfied with services.	87.3	81.2	93.1	97.2	91.5	93.6	-1.6	-3.6
	People are satisfied with their personal life situations.	85.5	85.6	90.3	95.8	87.2	93.6	-3.1	-2.2
AUTONOMY	People choose their daily routines.	84.6	84.1	93.1	94.4	91.5	93.6	-1.6	-0.8
	People have time, space and opportunity for privacy.	90.1	91.6	80.6	95.8	93.6	95.7	+13.0	-0.1
	People decide when to share personal information.	79.2	69.1	69.4	66.7	80.8	76.6	+11.4	+9.9
	People use their environments.	76.7	79.0	77.8	87.5	82.9	85.1	+5.1	-2.4
AFFILIATION	People live in integrated environments.	34.8	41.7	48.6	56.9	40.4	51.1	-8.2	-5.8
	People participate in the life of the community.	74.0	80.6	72.2	79.2	65.9	78.7	-6.3	-0.4
	People interact with other members of the community.	71.1	73.1	88.9	88.9	74.4	89.3	-14.5	+0.4
	People perform different social roles.	31.6	31.3	47.2	52.8	25.5	34.0	-21.7	-18.8
	People have friends.	57.8	59.0	63.9	77.8	65.9	70.2	+2.07	-7.6
	People are respected.	77.1	80.2	88.9	93.1	80.8	89.3	-8.1	-3.8
ATTAINMENT	People choose services.	45.7	47.4	66.7	72.2	70.2	78.7	+3.5	+6.5
	People realize personal goals.	82.6	82.0	88.9	88.9	78.7	82.9	-10.2	-6.0
SAFEGUARDS	People remain connected to natural support networks.	64.4	77.6	61.1	77.8	65.9	87.2	+4.8	+9.4
	People are safe.	86.9	81.7	83.3	77.8	80.8	76.6	-2.5	-1.2
RIGHTS	People exercise rights.	42.9	39.6	69.4	63.9	74.4	76.6	+5.0	+12.7
	People are treated fairly.	50.4	50.1	77.8	76.4	72.3	74.4	-5.5	-2.0
HEALTH AND WELLNESS	People have best possible health.	73.5	72.8	88.9	84.7	91.5	89.3	+2.6	+4.6
	People are free from abuse and neglect.	86.2	89.8	94.4	97.2	65.9	85.1	-28.5	-12.1
	People experience continuity and security.	81.8	78.4	83.3	72.2	87.2	89.3	+3.9	+17.1